

ADHS/Children's Clinics for Rehabilitative Services

Administrative Review Contract Year Ending 2007



July 1, 2006 through March 31, 2007

Conducted by the Arizona Department of Health Services
Office of Children with Special Health Care Needs
Children's Rehabilitative Services Administration

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Fact Sheet

ARIZONA DEPARTMENT OF HEALTH SERVICES

OFFICE FOR CHILDREN WITH SPECIAL NEEDS

CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION (CRSA)

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Fact Sheet

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Executive Summary

Children's Rehabilitative Services Administration (CRSA) was created to improve children's quality of life by providing family-centered medical treatment, rehabilitation, and related support services to enrolled individuals who have certain medical, handicapping, or potentially handicapping conditions. In 1997, CRSA and the Office for Children with Special Health Care Needs (OCSHCN) were merged, permitting a coordinated and comprehensive approach to the planning, implementation and evaluation of programs and policies. Today CRSA serves approximately 20,000 children statewide.

The primary objectives of ADHS/CRSA Administrative Review are to:

- Determine if the Children's Clinics for Rehabilitative Services (CCRS) satisfactorily meets CRSA/AHCCCS' requirements as specified in the ADHS/CRS Contract, CRSA/AHCCCS policies, Balanced Budget Act of 1997 (BBA) and the Arizona Administrative Code (AAC).
- Perform oversight of CCRS as required by the Centers for Medicare and Medicaid Services in accordance with AHCCCS' 1115 waiver.
- Increase knowledge of CCRS' operational and financial procedures.
- Provide technical assistance to CCRS.
- Identify areas where improvements can be made.
- Identify areas of noteworthy performance and accomplishments.
- Review progress in implementing recommendations made during prior Administrative Reviews.
- Determine if CCRS complies with its own policies.
- Evaluate the effectiveness of those policies and procedures.

The ADHS/CRSA Review Team included employees of the CRSA Divisions of Compliance; Quality Management; Medical Management; Clinical Programs; Consumer Rights; and Finance.

CRSA provided CCRS with the standards approximately two weeks prior to the onsite review, which was conducted on May 8-9, 2007. The Review Team performed an extensive document review, conducted interviews with appropriate CCRS personnel. A brief summary and performance assessment of each program area follows:

Claims Systems: In addition to recent turnovers of claims staff, CCRS is in the final stages of a claims payment system conversion and has made significant progress just within the last few months in completing necessary modifications to the new system to bring their claims payment processes within compliance of contractual requirements. Once the system is fully operational, CCRS is expected to bring their financial statement reporting into full compliance with contractual requirements.

Cultural Competency: CCRS has a solid cultural competency program where it provides materials and services that are compatible with the member's cultural needs. CCRS is developing policies and procedures to help improve services and has a process for monitoring interpretation needs in medical records documentation.

Financial Management: CCRS has many processes in place to ensure current and accurate member insurance information. Full compliance in this area should be met with the completion of their claims payment system conversion. CCRS has met the requirements to have and test a business continuity plan.

General Administration: CCRS was fully compliant with all General Administration standards. CCRS has created and works under the clinics own Corporate Compliance Program. They have developed an adequate integrity program and appear to be continuing to build and improve on the many required elements. Specific improvement can be made in the areas of audits, policies and procedures.

Grievance Systems: CCRS has policies and procedures in place to address requirements of the Grievance System. CCRS has received training and technical assistance on the Grievance System procedures and requirements from CRSA. CCRS was under a Notice to Cure to improve prior-authorized service denial notifications during the review period, and

has since exhibited consistent compliance. Therefore, the Notice to Cure has recently been lifted. CCRS has not had any appeals, but has also significantly improved in claim dispute files meeting compliance standards.

Medical Management: CCRS continues to improve its performance, having developed standardized Medical Management policies and processes to comply with ADHS/CRSA and AHCCCS standards. New management at CCRS has been very receptive to feedback from ADHS/CRSA. All areas reviewed for the time period from 7/1/06 to 3/31/07 demonstrated partial to full compliance except MM2, that of reviewing utilization data and reporting trends, variances, analysis, evaluation and interventions through its Medical Management Committee.

Member Services: CCRS achieved full compliance with 4 of 5 Member Services standards. Only 5 of 13 records (38 percent) documented the adult (age 18-20) member's decision about whether to develop and execute an advance directive.

Network Sufficiency: CCRS has implemented an innovative pharmacy services agreement with Wal-Mart. CCRS has demonstrated compliance in many areas of provider network management, including maintaining a directory of contracted providers and physicians and specialty clinic schedules, tracking current and anticipated enrollment and estimation of current and anticipated utilization of services; however, during the Review Period many fully-developed network management policies were not yet in place.

CCRS must complete the approval and implementation process for the new Policy MS.001: Process for Notification of Change in Provider(s) or Changes in Program. Additionally, CCRS must have separate written policies/procedures for other Network Management operations as specified by CRSA in this review.

Quality Management: CCRS is accredited by the Joint Commission from 2004 to 2007, and therefore is deemed compliant for appropriate staffing, medical record review, and credentialing/re-credentialing. CCRS was in full compliance with 8 of the 12 Quality Management standards. CCRS must improve its oversight of delegated services, processes for monitoring and intervening in quality of care complaints and allegations, and performance measures to meet the minimum standard of 75 percent.

Findings

Rating Definitions

CRSA usually rates the **REGIONAL CONTRACTOR** based on the percentage of the findings that meet each standard. When a different methodology is used, CRSA notes it in the standard. Compliance is determined as follows:

Full Compliance: **REGIONAL CONTRACTOR** is 90-100% in compliance with the standard or sub-standard findings.

Substantial Compliance: **REGIONAL CONTRACTOR** is 75-89% in compliance with the standard or sub-standard findings.

Partial Compliance: **REGIONAL CONTRACTOR** is 50-74% in compliance with the standard or sub-standard findings.

Non-Compliance: **REGIONAL CONTRACTOR** is 0-49% in compliance with the standard or sub-standard findings.

Not Rated: This standard does apply to **REGIONAL CONTRACTOR**; however, and will not be scored during this review period.

Recommendation Definitions

REGIONAL CONTRACTOR must....This indicates a critical non-compliance with the CRSA contract that the Regional Contractor must correct as soon as possible.

REGIONAL CONTRACTOR should consider....This is a suggestion by the Review Team to improve operations of CRSA, although not directly related to contract compliance.

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ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

CLAIMS SYSTEM

STANDARDS	FINDINGS	RECOMMENDATIONS
CS1	FC	.
CS2	FC	
CS3	FC	
CS4	SC	CCRS must ensure consistent and timely adjudication of claims within contract requirements.
CS5	SC	CCRS must clearly define within their policy the contract requirements for identifying and recouping erroneously paid claims.
CS6	FC	
CS7	SC	CCRS must clearly define within their policy the contract requirements for identifying and reprocessing erroneously paid claims.
CS8	PC	CCRS must have policy and procedures consistent with contract requirements on reprocessing and paying all overturned claims disputes.
CS9	FC	
CS10	PC	CCRS must implement a comprehensive Claims Training Policy by September 30, 2007.
CS11	NR	
CS12	PC	CCRS must include all the information, as required in contract, in the Remittance Advice.
CS13	NC	CCRS must implement a policy or process to notify CRSA of any cumulative recoupment greater than \$50,000 per provider per contract year.

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CS14	NC	CCRS must implement a policy or process to request approval from CRSA prior to recouping monies from a provider later than 12 months after the date of original payment on a clean claim.
CS14A	NC	CCRS must implement a process to pay a slow payment penalty on hospital clean claims in accordance with A.R.S. §36-2903.01 (unless otherwise specified in provider subcontract) by September 30, 2007.
CS15	NC	CCRS must implement a process and show evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).
CS16	FC	
CS17	FC	

FC = Full Compliance SC = Substantial Compliance PC = Partial Compliance NC = Non-Compliance NA = Not Applicable

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CULTURAL COMPETENCY

STANDARDS	FINDINGS	RECOMMENDATIONS
CC1	FC	
CC2	FC	
CC3	FC	
CC4	FC	.
CC5	FC	
CC6	FC	

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FINANCIAL MANAGEMENT

STANDARDS	FINDINGS	RECOMMENDATIONS
FM1	SC	CCRS must continue its efforts to resolve Plexis implementation issues including creating reporting tools that will satisfy the quarterly financial statement requirements.
FM2	FC	
FM3	FC	
FM4	FC	
FM5	FC	
TPL1	FC	
TPL2	FC	
TPL3	NC	CCRS must refer cases that involve the above-mentioned circumstances to the authorized representative at CRSA and must not pursue recovery on cases that involve the above-mentioned circumstances unless they are authorized to do so by AHCCCS or by the AHCCCS authorized representative.
TPL4	FC	

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GENERAL ADMINISTRATION

STANDARDS	FINDINGS	RECOMMENDATIONS
GA1	FC	
GA2	FC	
GA3	FC	
GA4	FC	
GA5	FC	

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GRIEVANCE SERVICES

STANDARDS	FINDINGS	RECOMMENDATIONS
GS1	NC	CCRS must continue to provide members with written Notices of Action and/or Notices of Extension that meet required format standards.
GS2	PC	CCRS must provide members with written Notices of Action that meet required content standards.
GS3	NC	CCRS must provide members with written Notices of Action within the required timeframes. CCRS should consider date stamping receipt of service authorization requests to help ensure that members receive written Notices of Action within the required timeframes.
GS4	NC	CCRS must provide the member with a written Notice of Extension when taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when it determines that the service requested is not a CRS covered benefit, and refer the request to the member's primary AHCCCS plan.
GS4A	PC	CCRS must provide members with written Notices of Extension that meet required content standards.
GS4B	NC	CCRS must provide timely, written notification to the member's primary AHCCCS plan when it determines that the service requested is not a CRS covered benefit.
GS5	FC	
GS6	PC	CCRS must maintain and implement a grievance process which documents, monitors, intervenes, and reports Non-QOC grievance occurrences. CCRS' Grievance Policy must contain a provision that the member may file a grievance with CRSA or the CRS regional contractor in the Grievance Policy. CCRS must define "grievance" in its Grievance Policy as a CRS member's expression of dissatisfaction with any aspect of their care, other than the appeal of actions. CCRS should consider separating the grievance (non-quality of care) policy from the quality of care policy.
GS7	FC	

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GS8	FC	
GS9	FC	
GS10	NR	
GS11	FC	
GS12	FC	
GS13	FC	
GS14	NR	
GS15	NR	
GS16	NR	
GS17	NR	
GS18	FC	
GS19	NR	
GS20	NR	
GS21	NC	CCRS must comply with claims dispute requirements related to timely written acknowledgment and decisions.
GS22	NC	CCRS claim dispute notices of decision must include all required information.
GS23	NC	CCRS must have a process of consistently recording and maintaining records of claims disputes.
GS24	NC	CCRS must maintain evidence in the claims dispute case record that denied claims reversed in the claims dispute process are paid within 10 business days of the date the denial is reversed.

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MEDICAL MANAGEMENT

STANDARDS	FINDINGS	RECOMMENDATIONS
MM1	PC	CCRS must ensure full implementation of utilization management program requirements. CCRS must develop policies and procedures for monitoring inpatient, ambulatory surgery, outpatient, and other services by gathering data, identifying trends, implementing interventions, and analyzing the results of actions taken. CCRS must discuss these activities in regularly scheduled meetings attended by appropriate staff, and reflect discussions, with action items, in the meeting minutes.
MM2	NC	CCRS must discuss medical/utilization management issues regularly, including data analysis, identification of trends and variances, implementation of interventions, and review of recommendations. CCRS must document these discussions in committee minutes.
MM3	FC	
MM4	SC	CCRS must reflect and reference in its Clinical Practice Guideline Policy how it implements the Guidelines and monitors their use. CCRS should consider expanding Clinical Practice Guideline Policy to demonstrate how Guidelines will be made available to both providers and, upon request, to members or potential members. CCRS should consider placing a direct link for members/potential members about the Guidelines on their web page.
MM5	SC	CCRS must clearly document/identify the reasons for requesting the extension. CCRS must document the role of Dr. Ghory as designee to the medical director.
MM6	SC	CCRS must arrange inter-rater reliability (IRR) training and testing for all staff involved in determining medical necessity, including the Medical Director. CCRS must conduct regular checks for consistent application of IRR review criteria

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STANDARDS	FINDINGS	RECOMMENDATIONS
		and document the findings. CCRS must require that their Prior Authorization Review Specialist be an Arizona-licensed registered nurse, physician or physician's assistant. CCRS should consider obtaining a license/contract with a reputable organization for a standardized criterion.
MM6A	SC	CCRS must conduct regular checks for consistent application of review criterion for IRR and document the findings. CCRS must document the action taken when criteria are not being applied in a consistent manner. CCRS should consider documentation of their monitoring procedure regarding the consistency with which individuals involved in decision-making apply the standardized criteria (weekly, bi-monthly or monthly) CCRS should consider obtaining a license/contract with McKesson for the usage of their InterQual criteria.
MM7	SC	CCRS must document the action taken when criteria are not being applied in a consistent manner. CCRS should consider documenting their monitoring procedure regarding the consistency with which individuals involved in decision-making apply the standardized criteria (weekly, bi-monthly or monthly). CCRS should consider obtaining a license/contract with McKesson for the usage of their InterQual criteria.
MM8	FC	
MM9	FC	
MM9A	FC	
MM10	SC	CCRS must document the name of PCP on each member record/file; additionally, coordination of care with members PCP must be documented as well.

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MEMBER SERVICES

STANDARDS	FINDINGS	RECOMMENDATIONS
MS1	FC	
MS2	FC	
MS3	FC	
MS4	SC	CCRS must document the member's decision about whether to develop (execute) an advance directive in the member's medical chart.
MS5	FC	

FC = Full Compliance

SC = Substantial Compliance

PC = Partial Compliance

NC = Non-Compliance

NA = Not Applicable

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NETWORK SUFFICIENCY

STANDARDS	FINDINGS	RECOMMENDATIONS
NS1	PC	CCRS must complete the approval for and implementation of their new Policy MS.001: Process for Notification of Change in Provider(s) or Changes in Program. Examples of inclusive Provider Network policies are available from CRSA.
NS2	SC	CCRS must have a written policy/procedure for provision of second opinion from qualified health care professional within the network, or arrange for the member to obtain one outside the network at no cost to members.
NS3	SC	CCRS must create a separate written policy/procedure for out of state/network services. Policy should discuss the availability for second opinion at no charge to member (in or out of network); as well as describe how out of network providers coordinate payment with CCRS.
NS4	FC	
NS5	FC	
NS6	FC	

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QUALITY MANAGEMENT

STANDARDS	FINDINGS	RECOMMENDATIONS
QM1	FC	
QM2	FC	
QM3	FC	
QM4	NC	<p>CCRS must establish a policy/process for monitoring its delegated entities on an ongoing basis and review them formally at least annually.</p> <p>CCRS must have a contract for all functions or responsibilities delegated to other entities.</p> <p>CCRS must ensure that the subcontractor implements corrective action if any deficiencies are identified.</p> <p>CCRS must have evaluation reports and CAP documentation, as necessary, to ensure quality for all delegated activities.</p>
QM5	NC	<p>CCRS must include a requirement in its quality of care policy that staff enters all QOCs and Non-QOCs in the QOC database.</p> <p>CCRS must include definitions of "non-QOC concerns," "QOC concerns," "substantiated," "unsubstantiated," "unable to substantiate," "corrective action plan," and "severity levels 0-4" in its quality of care policy.</p> <p>CCRS must have a process for monitoring quality of care that includes reporting quality of care concerns from anywhere in the CCRS managed care system (e.g. providers, delegated services, acute hospitalizations, UM/case management review).</p> <p>CCRS should consider the creation of two policies: one for grievances (i.e. complaints/appeals/claims disputes/or non-quality of care concerns) and one for quality of care concerns.</p>
QM6	FC	

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STANDARDS	FINDINGS	RECOMMENDATIONS
QM7	NC	CCRS must maintain a performance score of 75% or higher on all performance measures. CCRS must ensure the accuracy of the performance measure data submitted.
QM8	FC	
QM9	FC	
QM10	FC	
QM11	NC	CCRS must ensure that the consultation report is sent to both the referring physician and health plan/program contractor within 30 days of the first clinic visit and is documented in the medical record. CCRS must ensure that the approval notices to both the referring physician and health/plan program contractor are sent within 10 working days and are documented in the medical record. CCRS must ensure eligibility denial notifications are sent to both the referring physician and health plan/program contractor within 5 working days of denial determination and are documented in the medical record.
QM12	FC	

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ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

ADHS REVIEW TEAM:	Cynthia Layne, Chief Financial Officer Jerri Gray, HIPAA/Data Manager Cheryl Prescott, CRS Finance Manager
CONTRACTOR STAFF:	Cheryl Lippert, Chief Financial Officer
DATE OF REVIEW:	May 8-9, 2007

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Claims Systems

Standard:

CS 1

REGIONAL CONTRACTOR has at least monthly aged claims inventory tracking reports.
Citations: 42 CFR 438.242(a); ADHS/Regional Contractor Contract #HP361008, Task 10

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have adequate claims inventory tracking reports. (100%)

Documents Reviewed:

CRS Claim Inventory Aging Report for March 31, 2007

Comments: None

Recommendations: None

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Claims Systems

Standard:

CS 2

REGIONAL CONTRACTOR has reports to identify aged claims inventory on the last day of the month.

Citations: 42 CFR 438.242(a); ADHS/Regional Contractor Contract #HP361008, Task 10

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have adequate reports to identify aged claims on the last day of the month. (100%)

Documents Reviewed:

CRS Claim Inventory Aging Report for March 31, 2007

Comments: None

Recommendations: None

**ADHS/OCSHCN
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Claims Systems

Standard:

CS 3

REGIONAL CONTRACTOR has policies and procedures in place regarding the adjudication of 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt.

Citations: 42 CFR 447.45(d); RCPM 50.200(2)

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have adequate policy and procedures regarding the required adjudication of 90% of clean claims within 30 days from date of receipt and 99% of clean claims within 60 days of date of receipt. (100%)

Documents Reviewed:

Claims Adjudication Policy 3.0.11 dated 6/03.

Comments:

CCRS's policy for claims payment ensures that 90% of all clean claims are paid within 30 days of receipt of the clean claims and 99% are paid within 90 days of receipt of the clean claim, in accordance with the Balance Budget Act of 1997.

Recommendations: None

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Claims Systems

Standard:

CS 4

REGIONAL CONTRACTOR adjudicates 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt (unless otherwise specified in Regional Contractor contract).

Citations: 42 CFR 447.45(d); RCPM 50.200(2)

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not show evidence of claims adjudicating 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt.

Documents Reviewed:

Regional Contractor's Claims Aging Reports for July 2006 through March 2007; E-mail Notifications of Regional Contractor's Encounter Reporting Status – Dated April 2, 2007, April 16, 2007 and April 30, 2007

Comments:

Regional Contractor's Claims Aging Reports for July 2006 through March 2007 reflect that 42% of all clean claims were adjudicated within 30 days of receipt and 78% of all clean claims were adjudicated within 60 days of receipt.

Recommendations:

CCRS must ensure consistent and timely adjudication of claims within contract requirements.

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Claims Systems

Standard:

CS 5

REGIONAL CONTRACTOR has policies and procedures on timely identification and recoupment of erroneously paid claims, and on identification of claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

Citations: 42 CFR 438.242(a); RCPDM 50.200(2)

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not have adequate policy and procedures identifying and recouping erroneously paid claims.

REGIONAL CONTRACTOR does have adequate policy and procedures identifying claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment

Documents Reviewed:

Claims Adjudication Policy; CRS Obligation as Secondary Payer for 0% CRS Members Policy; Coordination of Benefits for Provider Service Requests Policy

Comments:

CCRS's policy is not clear in the adjustment/voided encounter identification and reprocessing requirements for erroneously paid claims.

Recommendations:

CCRS must clearly define within their policy the contract requirements for identifying and recouping erroneously paid claims.

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Claims Systems

Standard:

CS 6

REGIONAL CONTRACTOR applies the policies and procedures on timely identification and recoupment of erroneously paid claims. REGIONAL CONTRACTOR has a process to identify claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

Citations: 42 CFR 438.242(a); RCPM 50-200(11)

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does apply the policy and procedures regarding the identification and recoupment of erroneously paid claims.

REGIONAL CONTRACTOR does have a process to identify claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

REGIONAL CONTRACTOR does/does not reconcile paid claims to the encounters submitted to CRSA to ensure that all paid claims have been encountered. (Not Rated)

Documents Reviewed:

Over/Under Claim Payments Report; Claims Adjudication Policy; CRS Obligation as Secondary Payer for 0% CRS Members Policy; Coordination of Benefits for Provider Service Request Policy; E-mail from Regional Contractor's ITS Director stating Paid Claims to Encounters Report is not available at this time.

Comments:

CCRS's policy is not clear in the adjustment/voided encounter identification and recoupment requirements of erroneously paid claims, however, the CRS Over/Under Claim Payment Logs reflect the process is being done.

Recommendations: None

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Claims Systems

Standard:

CS 7

REGIONAL CONTRACTOR voids/adjusts the original encounter when a recoupment is made due to the identification of an erroneously paid claim (claim that should have originally been denied) or when a recoupment is made due to incorrect data or processing (e.g., when demographic, Clinical or financial data is changed)

Citations: 42 CFR 438.242(b); ADHS/Regional Contractor Contract #HP361008, Task 10; RCPMP 50-200(11)(C)

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not have adequate policy and procedures describing the adjustment/voided encounter processing when a previously paid encounter is later recouped or voided. (75%)

Documents Reviewed:

Letter reviewing claims reports submitted for quarters ended 9/30/06 and 12/31/06; CRS Over/Under Claim Payments Log for July 2006 through March 2007; Claims Adjudication Policy

Comments:

CCRS's policy is not clear in the adjustment/voided encounter identification and reprocessing requirements for erroneously paid claims, however, the CRS Over/Under Claim Payment Logs reflect the voids and adjustments are being done.

Recommendations:

CCRS must clearly define within their policy the contract requirements for identifying and reprocessing erroneously paid claims.

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Claims Systems

Standard:

CS 8

REGIONAL CONTRACTOR has policies and procedures on reprocessing and paying all overturned claims disputes in a manner consistent with the decision within 10 business days of the decision.

Citations: 42 CFR 438.424; RCPPM 50-502

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not have adequate policy and procedures describing the reprocessing and paying of overturned claims disputes, consistent with the decision, within 10 business days of the decision. (50%)

Documents Reviewed:

Regional Contractor's Complaint Resolution – Provider/Payor Disputes Policy (June 2006)

Comments:

CCRS's policy does not describe the timeliness of reprocessing and paying of overturned claims disputes, consistent with the decision, within 10 business days of the decision.

Recommendations:

CCRS must have policy and procedures consistent with contract requirements on reprocessing and paying all overturned claims disputes.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

Standard:

CS 9

The Regional Contractor has a mechanism in place to inform providers of the appropriate place to send claims.

Citation: 42 CFR 438.242

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have a mechanism in place to inform providers of the appropriate place to send claims. (100%)

Documents Reviewed:

Regional Contractor's Provider Manual

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

Standard:

CS 10

The Regional Contractor has a quality assurance program that ensures that claims processing personnel are continually monitored to ensure claims are processed to industry standards for accuracy. Claims processing personnel are formally trained to process the CRS claims.

Citations: RCPMP 50-200 (11), (12) (G),(13); ADHS/Regional Contractor Contract #HP361008, Special Terms and Conditions 7(B); AAC R9-22-703, 705

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have a quality assurance program that ensures that claims processing personnel are continually monitored to ensure claims are processed to industry standards for accuracy (100%)

REGIONAL CONTRACTOR does not ensure that its claims processing personnel are trained to process CRS claims. (0%)

Documents Reviewed:

CCRS's Project Plan for Developing Claim Training Policy; Claims Accuracy/Data Integrity Reports for July 2006 through March 2007

Comments:

CCRS's Claims Accuracy/Data Integrity Reports show an overall accuracy rate of 100% for claims processing. CCRS has submitted a project plan for the development and implementation of a claims training policy.

Recommendations:

CCRS must implement a comprehensive Claims Training Policy by September 30, 2007.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

Standard:

CS 11

REGIONAL CONTRACTOR submits an accurate and timely Deleted Encounters log.

Citations: CYE 06 ADHS/Regional Contractor Contract #HP361008, Task 10; RCPPM 50-200 (12)(F)

Rating: NOT RATED

Findings:

The REGIONAL CONTRACTOR does/does not submit accurate and timely Deleted Encounters log.

Documents Reviewed:

E-mail from Regional Contractor's ITS Director stating Deleted Encounters Report is not available at this time and also that there are no encounters being deleted at this time.

Comments:

Regional Contractor was granted an extension for the development of this report to March 15, 2007 due to their Claims System conversion project. The submission of deleted encounters logs was a new requirement during this report period. Going forward, CCRS must submit accurate and timely Deleted Encounters logs as contracted.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

Standard:

CS 12

The REGIONAL CONTRACTOR's remittance advice to providers must contain, at a minimum, adequate descriptions of all denials and adjustments, the reasons for such denials and adjustments, the amount billed, the amount paid, and provider rights for claim dispute.

Citations: AHCCCS Administration Encounter reporting User Manual; RCPDM 50-200 (4)

Rating: PARTIAL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR's remittance advice to providers does not contain, at a minimum, adequate descriptions of all denials and adjustments, the reasons for such denials and adjustments, the amount billed, the amount paid, and provider rights for claim dispute. (50%)

Documents Reviewed:

CCRS's Remittance Advice; Provider Manual

Comments:

CCRS's Remittance Advice does not include adequate descriptions of all denials and adjustments, reasons for such denials and adjustments, or the provider rights for claim dispute.

Recommendations:

CCRS must include all the information, as required in contract, in the Remittance Advice.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

Standard:

CS 13

The REGIONAL CONTRACTOR has a policy or process to notify CRSA of any cumulative recoupment greater than \$50,000 per provider per contract year.

Citations: RCPDM 50-200 (1) (11)

Rating: NON-COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does not notify CRSA of any cumulative recoupment greater than \$50,000 per provider per contract year.

Documents Reviewed:

Over/Under Claims Payment Log

Comments:

CCRS was granted an extension for the development of this report to March 15, 2007 due to their Claims System conversion project. CCRS is developing a report to query by provider over a one-year timeframe to identify any greater than \$50,000 recoupments for notification to CRSA.

Recommendations:

CCRS must implement a policy or process to notify CRSA of any cumulative recoupment greater than \$50,000 per provider per contract year.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

Standard:

CS 14

The REGIONAL CONTRACTOR has a policy or process to request approval from CRSA prior to recouping monies from a provider later than 12 months after the date of original payment on a clean claim.

Citations: RCPPM 50-200 (1)

Rating: NON-COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does not have a policy or process to request approval from CRSA prior to recouping monies from a provider later than 12 months after the date of original payment on a clean claim.

Documents Reviewed:

Over/Under Claims Payment Log

Comments:

CCRS was granted an extension for the development of this report to March 15, 2007 due to their Claims System conversion project. Regional Contractor is developing a report to query by provider over a one-year timeframe to identify any greater than \$50,000 recoupments for requesting approval from CRSA.

Recommendations:

CCRS must implement a policy or process to request approval from CRSA prior to recouping monies from a provider later than 12 months after the date of original payment on a clean claim.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

Standard:

CS 14A

The REGIONAL CONTRACTOR pays a slow payment penalty on hospital clean claims in accordance with A.R.S. §36-2903.01. (unless otherwise specified in provider subcontract)

Citations: RCPPM 50-200 (5)(C)

Rating: NON-COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does not pay a slow payment penalty on hospital clean claims in accordance with A.R.S. §36-2903.01 (unless otherwise specified in provider subcontract).

Documents Reviewed: None

Comments:

CCRS is in the process of a Claims System conversion and is making modifications to their Claims Adjudication processes to be in line with their new system and contract requirements.

Recommendations:

CCRS must implement a process to pay a slow payment penalty on hospital clean claims in accordance with A.R.S. §36-2903.01 (unless otherwise specified in provider subcontract) by September 30, 2007.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

Standard:

CS 15

The REGIONAL CONTRACTOR shows evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).

Citations: RCPPM 50-200 (7)(B)

Rating: NON-COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does not show evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).

Documents Reviewed: None

Comments:

CCRS is in the process of a Claims System conversion and is making modifications to their Claims Adjudication processes to be in line with their new system and contract requirements.

Recommendations:

CCRS must implement a process and show evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

Standard:

CS 16

The REGIONAL CONTRACTOR has a process to audit processing accuracy for both manual and auto adjudicated claims.

Citations: RCPPM 50-200 (11), (12)(G)

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does have a process to audit processing accuracy for both manual and auto adjudicated claims.

Documents Reviewed:

CCRS's Project Plan for Developing Claim Training Policy; Claims Adjudication Policy; Claims Accuracy/Data Integrity Reports for July 2006 through March 2007

Comments:

Review of the Regional Contractor's Claims Accuracy/Data Integrity Reports for July 2006 through March 2007 shows a 99.91% processing accuracy rate.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claims Systems

Standard:

CS 17

The REGIONAL CONTRACTOR's health information system collects, analyzes, integrates, and reports data on claim disputes and appeals. The REGIONAL CONTRACTOR utilizes data from the claims dispute to adjust operations, as necessary.

Citations: [42 CFR 438.242(a); RCPDM 50-202 (4)]

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR's information system does collect, analyze, integrate, and reports data on claim disputes and appeals.

The REGIONAL CONTRACTOR does utilize data from the claims dispute to adjust operations, as necessary. (100%)

Documents Reviewed:

Regional Contractor's Provider Claims Disputes Log

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL -- Tucson**

Cultural Competency

CRSA REVIEW TEAM: Norma Garcia-Torres, Diversity and Inclusion Administrator,
Linda Hamman, Family/Youth Involvement Program Manager

CONTRACTOR STAFF: Jill Bemis, Chief Executive Officer
Joni O'Brien, Director, Compliance/Quality Assurance

DATE OF REVIEW: May 8 - 9, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL -- Tucson**

Cultural Competency

Standard:

CC1

REGIONAL CONTRACTOR ensures that it maintains a cultural competency program and that its members receive materials and services that are compatible with the members' cultural needs.

Citations: 42 CFR 438.206 (c), Contract #HP361008, RCPPM Chapter 40

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does ensure that its cultural competency program provides materials and services that are compatible with the member's cultural needs.

REGIONAL CONTRACTOR does periodically assess the cultural and linguistic needs of the population it serves to ensure service capacity meets those needs.

REGIONAL CONTRACTOR does participate in CRSA requirements to promote the delivery of services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

Documents Reviewed:

Policy on Cultural Competency date – 4-24-07 includes statements regarding cultural competency

List of Clinic signage provided both in English and Spanish – includes statement about interpretation and translation available free of charge

Recruiting and hiring bi-lingual staff when possible

- HR develops recruitment ads that indicate preference for bi-lingual applicants when appropriate

Providing clinic signage, notices, and member information in English/ Spanish

- Signage, notices and member info are updated as necessary by Children's Clinics Patient and Family Services Mgr

Providing translation at PAC events

- Children's Clinics Patient and Family Services Mgr insures there is Spanish translation access at PAC events, and

Educating staff and providers in CC and use of Cyacom language line telephone

Guidelines for TTY service

- Staff and providers receive education on CC and completed within 2 weeks of hire and annually thereafter – See Orientation and Training Policy – monitored by HR mgr. ---

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL -- Tucson**

Cultural Competency

- Volunteers receive education during original orientation and annually thereafter – monitored by Children's Clinics Patient and Family Services Mgr
- All providers receive CC information at initiation of contract and annually thereafter – process not implemented yet
- Evaluation completed by provider to demonstrate compliance – process monitored by Network Development Manager

Language assistance for individuals of limited English proficiency (LEP) – found in Cultural Competency Training

Translation Services referenced

Cultural Competency training curriculum

Resource lists for parents – English and Spanish

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL -- Tucson**

Cultural Competency

Standard:

CC2

REGIONAL CONTRACTOR ensures that all staff and volunteers attend training/education sessions on awareness and sensitivity to culture and socioeconomic conditions of the CRS population and CLAS standards.

Citations: 42 CFR 438.10 (c), Contract #HP361008, RCPDM Chapter 40.513.8

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide or make available cultural competency training/education for its staff or volunteers.

REGIONAL CONTRACTOR does provide or make available CLAS standards training/education for its staff or volunteers.

REGIONAL CONTRACTOR does maintain agenda, sign in sheets and other documents to ensure its staff and volunteers have attended cultural competency sessions and CLAS standards.

Documents Reviewed:

Training lists –

Health Stream Training courses completed form 7-1-06 to 6-30-07

Outside source training that was non mandatory

- Ethics in the Behavioral Health Care Environment
- Documenting culture in assessments
- OCSHCN Cultural competency LEP

Training attendance logs

HR Checklist for new staff with required trainings for new and all staff

Interpreter access instructions for telephone language line desk cards for all staff

Group transcripts for CRS staff training attended

Employee (individual) record of training includes e-learning

Training for Volunteers – includes section on Cultural Competency

Cultural Competency training curriculum for all staff- includes section on

- CLAS standards
- Introduction to CC
- Clinical and legal significance of Cultural Competence

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL -- Tucson**

Cultural Competency

- Theory of Cultural Competence
- Practice of Cultural Competence

Comments: None

Recommendations: None

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL -- Tucson**

Cultural Competency

Standard:

CC3

REGIONAL CONTRACTOR ensures that interpretation and translation services are made available to its members and documented in the member's medical record.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPPM Chapter 40. 513.2, Chapter 40.513.7

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does notify its members on how to access oral interpretation and translation services.

REGIONAL CONTRACTOR does document in the member's medical record the member's preferred language during the enrollment/intake process.

REGIONAL CONTRACTOR does document in the member's medical record whether oral interpretation services were provided.
__100__% of (10) medical files reviewed contained documentation of interpretation services.

Documents Reviewed:

Language Line contract with CyraCom

- Instructions/procedure on how to use service - for employees

Web page statement on access to interpretation and translation

Information packet

Member Handbook

Resource guide done in both English and Spanish

Provider Listing with language specified

Medical records reviewed – documented preferred language in Pediatric and Genetic Intake Clinic form and documented service provided in Psycho Social Service Intake Form or progress notes – translator used

Comments:

Regional contractor has focused on improving compliance medical records with translation requirements. It utilized a Performance Improvement Project and had established monitoring via audits to review patient records. It sampled 5% of records on monthly basis

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL -- Tucson**

Cultural Competency

produced results from audit and action taken after the findings. The report was given on quarterly basis to CEO. Regional contractor submitted 3 monthly reports from January to March 2007 for review to CRSA.

Recommendations: None

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL -- Tucson**

Cultural Competency

Standard:

CC4

REGIONAL CONTRACTOR provides language assistance services, and ensures its providers have language assistance services that meet federal and state requirements.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCP PM Chapter 40. 513.2, Chapter 40.513.7

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide languages assistance services that meet federal and state requirements, including bilingual staff and interpreter services:

- at all points of contact;
- at no cost to each CRS member with Limited English Proficiency (LEP);
- in a timely manner;
- during all hours of operation;
- with easily understood patient-related materials; and
- With signage in the languages of the commonly encountered groups and/or groups represented in the service area, conspicuously posted public area such as a facility waiting room.

REGIONAL CONTRACTOR does/ does not ensure its providers have language assistance services that meet federal and state requirements, including bilingual staff and interpreter services: (NOT RATED)

- at all points of contact;
- at no cost to each CRS member with Limited English Proficiency (LEP);
- in a timely manner;
- during all hours of operation;
- with easily understood patient-related materials; and
- with signage in the languages of the commonly encountered groups and/or groups represented in the service area, conspicuously posted public area such as a facility waiting room.

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
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Cultural Competency

Documents Reviewed:

Language line contract with Cyacom

List of providers that speak another language and specifies what language

Policy on how to access language services for employees

Member Handbook

Information Packet

List of Providers that speak a language other than English

Ethics, Rights and Responsibilities Translation Services – includes criteria for

- Policy to recruit bi-lingual staff Interpretation and Translation Policy
- Cyacom language service
- LEP language access services
- Documentation of primary language and documentation in record
- Testing for bilingual staff
- Distribution of information
- Process to monitor compliance by Patient Family Services audits

Provides translation services at PAC meetings

Policy on deaf and hard of hearing and information – “Guidelines for TTY use”

Comments: None

Recommendations: None

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL -- Tucson**

Cultural Competency

Standard:

CC5

REGIONAL CONTRACTOR provides and ensures its providers make both verbal offers and written notices informing CRS members of their right to receive language assistance services in their preferred languages and or alternative format.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPMP Chapter 40.513.2

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide both verbal offers and written notices informing CRS members of their right to receive language assistance services in their preferred languages and or alternative format.

REGIONAL CONTRACTOR does/ does not ensure its providers make verbal offers and written notices informing CRS members of their right to receive language assistance services in their preferred languages and or alternative format. (Not Rated)

Documents Reviewed:

Member Handbook

New Member Orientation Packet

Web page has statement about how to access translation and interpretation services

Letters and PAC newsletters

Copy of signage use in building – at clinic receptionist and each clinic main door

Resource guide done in both English and Spanish

Provider Listing with language specified

Telemedicine announcements done in both English and Spanish

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL -- Tucson**

Cultural Competency

Standard:

CC6

REGIONAL CONTRACTOR ensures the competence of language assistance provided to LEP persons by interpreters and bilingual staff.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPPM Chapter 40. 513.2, Chapter 40.513.7

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does ensure the competence of language assistance provided by interpreters and bilingual staff.

REGIONAL CONTRACTOR does/does not ensure that its providers ensure the competence of language assistance provided by interpreters and bilingual staff. (Not Rated)

Documents Reviewed:

- Contract with language line service
- Policy and procedure for Certification process for in house interpreter staff
- Policy and procedure for Certification process for in house bilingual staff
- Contract for outside sign language interpreters

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

ADHS REVIEW TEAM:	Cynthia Layne, Chief Financial Officer Jerri Gray, HIPAA/Data Manager Cheryl Prescott, CRS Finance Manager
CONTRACTOR STAFF:	Cheryl Lippert, Chief Financial Officer
DATE OF REVIEW:	May 8-9, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

FM 1

REGIONAL CONTRACTOR shall have a system to produce complete, timely and accurate financial records in accordance with contract requirements for financial reporting. Citations: Contract #HP361008

Citations: ADHS/Regional Contractor Contract #HP361008, Task 10

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not have a process to ensure its reporting requirements are accurate timely and complete.

Documents Reviewed:

Quarterly Financial Statements for the last 2 quarters (09/30/06, and 12/31/06)

Comments:

All lag tables (Row 17) show only 3 months of IBNR. It is expected that the incomplete reporting will be corrected with the full implementation of the Plexis system and reporting tools.

Recommendations:

CCRS must continue its efforts to resolve Plexis implementation issues including creating reporting tools that will satisfy the quarterly financial statement requirements.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

FM 2

REGIONAL CONTRACTOR has developed and maintained a system that meets claims/encounter data processing requirements defined by ADHS/OCSHCN.

Citations: 42 CFR 438.242(b) (1) (3); ADHS/Regional Contractor Contract #HP361008, Task 10, Appendix G, and Appendix M, Financial Reporting Guide

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR has developed and maintained a system that meets claims/encounter data processing requirements defined by ADHS/OCSHCN.

Documents Reviewed:

Monthly Report of CRS Encounter Activity for July 2006 through March 2007

Comments:

Analysis of the number of the Regional Contractor's encounters submitted to Children's Rehabilitative Services Administration (CRSA) and the number of encounters accepted by CRSA shows an overall acceptance rate of 87% for encounters with a date of service between July 2006 and March 2007.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

FM 3

REGIONAL CONTRACTOR submits complete, accurate and timely member demographic, eligibility and insurance data/information.

Citations: 42 CFR 438.242(a), (b) (1), and (b) (3); ADHS/Regional Contractor Contract #HP361008, Task 10

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does submit complete, accurate and timely member demographic, eligibility and insurance data/information.

Documents Reviewed: Regional Contractor's Provider and Member Load Error Reports (LER) for July 2006 through March 2007.

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

FM 4

REGIONAL CONTRACTOR staff are trained and familiar with the Business Continuity Plan.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 45

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does show evidence of staff training on the Business Continuity Plan.

Documents Reviewed:

Business Continuity and Recovery Plan

Business Continuity Plan/Disaster Recovery Plan Training Module

Business Continuity Plan Training Logs/Minutes

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

FM 5

REGIONAL CONTRACTOR tests Business Continuity Plan on an annual basis.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 45

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does review, test, and update its Business Continuity Plan annually.

Documents Reviewed:

Business Continuity and Recovery Plan

Business Continuity Plan Testing Report/Summary (Table Top Exercise)

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

TPL 1

REGIONAL CONTRACTOR cost-avoids all claims and services that are subject to third-party payment.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does utilize a formal process to identify claims and services that are subject to third-party payment.

Documents Reviewed:

Regional Contractor's Coordination of Benefits for Provider Service Requests Policy and CRS Obligation as Secondary Payer for 0% CRS Members Policy

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

TPL 2

REGIONAL CONTRACTOR reports all known changes in health insurance information, including Medicare, to AHCCCS Division of Member Services, no later than 10 days from the date of discovery.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does report known changes in health insurance information, including Medicare, to AHCCCS Division of Member Services, no later than 10 days from the date of discovery. (100%)

Documents Reviewed:

Regional Contractor's Updating of Patient Contact Information Policy; Regional Contractor's Provider and Member Load Error Reports (LER) for July 2006 through March 2007

Comments: None

Recommendations: None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

TPL 3

REGIONAL CONTRACTOR refers all cases that involve the following circumstances to the AHCCCS authorized representative, and REGIONAL CONTRACTOR does not pursue recovery on the case unless directed to do so by AHCCCS, or by the AHCCCS authorized representative.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008,

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does not refer cases that involve the above mentioned circumstances to the authorized representative.

REGIONAL CONTRACTOR does not pursue recovery on cases that involve the above mentioned circumstances unless they were authorized to do so by AHCCCS or by the AHCCCS authorized representative:

- | | |
|---|-------------------------|
| * Uninsured/underinsured motorist insurance | * Restitution Recovery |
| * First and third-party liability insurance | * Worker's Compensation |
| * Tortfeasors, including casualty | * Estate Recovery |
| * Special Treatment Trusts | |

Documents Reviewed:

None

Comments:

CCRS is in the process of a Claims System conversion and is making modifications to their Claims Adjudication policies and processes to be in line with their new system and standard requirements. Going forward, CCRS must show evidence that it refers cases that involve the above-mentioned circumstances to the authorized representative at CRSA and must not pursue recovery on cases unless they are authorized to do so by AHCCCS or by the AHCCCS authorized representative.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

TPL 4

REGIONAL CONTRACTOR utilizes a formal process to identify claims and services that are subject to third-party payment and ensure that applicable co-payments, coinsurance, or deductibles are paid by the REGIONAL CONTRACTOR on behalf of the member.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008, Task 10, Task 13

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does utilize a formal process to identify claims and services that are subject to third-party payment.

REGIONAL CONTRACTOR does pay applicable co-payments, coinsurance, or deductibles on behalf of the member.

Documents Reviewed: Regional Contractor's Coordination of Benefits for Provider Service Requests Policy; CRS Obligation as Secondary Payer for 0% CRS Members Policy

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

ADHS REVIEW TEAM:

**Jennifer Vehonsky, Division Chief of Compliance
Mark Haldane, Contract Administrator
Vicki Margaritis, Contract Administrator
Tim Stanley, Fraud and Abuse Manager**

CONTRACTOR STAFF:

**Jill Bemis, Chief Executive Officer
Mary Jo Ghory, M.D., Physician Consultant
Edie Jordan, Chief Operations Officer
Joni O'Brien, Compliance/Quality Management Director**

DATE OF REVIEW:

May 8 – 9, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Standard:

GA 1

REGIONAL CONTRACTOR meets minimum CRSA staffing requirements.

Citations: ADHS/Regional Contractor Contract #HP361008, Terms & Conditions, 7. Key Personnel

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does meet minimum CRSA staffing requirements. REGIONAL CONTRACTOR meets 100% of the 10 required positions.

Documents Reviewed:

Organizational Charts

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Standard:

GA 2

REGIONAL CONTRACTOR notifies CRS of key personnel changes.

Citations: ADHS/Regional Contractor Contract #HP361008, Terms & Conditions, 7. Key Personnel

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does notify CRS of key personnel changes.

2 # of key personnel changes from July 1, 2006, to March 31, 2007
100% of key personnel changes reported to CRSA

Documents Reviewed:

E-mails from Regional Contractor to ADHS/CRSA

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Standard:

GA 3

REGIONAL CONTRACTOR develops, maintains and disseminates a policy and procedure manual that includes the processes to carry out requirements of the CRSA RCPMP.

Citations: ADHS/Regional Contractor Contract #HP361008, RCMMP Chapter 80.503

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does review policies on an annual basis or as needed, to reflect CRSA RCPMP changes.

REGIONAL CONTRACTOR does disseminate the CRSA RCPMP and its policies and procedures to its providers.

Documents Reviewed:

May 3, 2007 letter to CRS providers

CRS Tucson Policy# LD.001

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Standard:

GA 4

REGIONAL CONTRACTOR's Provider Manual meets all CRSA and AHCCCS contractual requirements, and is disseminated to all providers.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 40, RCPDM Chapter 80.502

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR's Provider Manual does meet CRSA and AHCCCS contractual requirements.

REGIONAL CONTRACTOR does provide proof of dissemination of the Provider Manuals as required.

Documents Reviewed:

Provider Manual

Letter May 3, 2007 letter to CRS providers noting updates and referral to website.

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Standard:

GA 5

REGIONAL CONTRACTOR meets program integrity requirements designed to prevent, detect and report fraud and abuse.

Citations: Contract #HP361008 Terms & Conditions, 7. Key Personnel, 42 CFR 438.608 (a) and (b), 42 CFR 438.610(a) and (b); ADHS/Regional Contractor Contract, Task 46; CRSA RCPPM Chapter 80.800

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have a Corporate Compliance Plan in place.

REGIONAL CONTRACTOR does have program integrity arrangements or procedures in place that include:

- Written policies, procedures and standards of conduct articulating the organization's commitment to comply with all applicable Federal and State standards
- The designation of a compliance officer and a compliance committee that are accountable to senior management
- Effective training and education for the compliance officer and the organization's employees
- Effective lines of communication between the compliance officer and the organization's employees
- Enforcement of standards through well-publicized disciplinary guidelines
- Provision for internal monitoring and auditing
- Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to their contract.

REGIONAL CONTRACTOR does maintain policies and procedures governing its contracting and employment processes, and its corporate affiliations that exclude individuals from participating in procurement and non-procurement activities due to their debarment, suspension, revocation, restriction or otherwise exclusion due to federal or state requirements.

REGIONAL CONTRACTOR does follow these policies and procedures in its initial and ongoing contracting, employment and corporate affiliation practices.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Documents Reviewed:

CCRS Corporate Compliance Plan
Compliance Officer job descriptions
CCRS Code of Conduct
Related fraud and abuse policies and procedures
Corporate Compliance Committee agenda, notes and sign-in sheets
Fraud and abuse training materials and employee training records
Responses to follow-up questions

Comments:

CCRS has created and works under the clinic's own Corporate Compliance Program (CCP). They have developed an adequate integrity program and appear to be continuing to build and improve on the many required elements.

CCRS' corporate compliance program appears to address the seven elements required for a comprehensive integrity program, but they need to establish fraud and program abuse specific audits and reviews of their contractors and the related billings.

CCRS has the basic required policies and procedures for supporting their corporate compliance program, but this information resides in various types of documents and communications and needs to be consolidated and cross-referenced with other supporting documents.

CCRS should consider:

- Creating and conducting additional audits or reviews that would be adequate to detect and deter fraud and program abuse within the CCRS clinic and the clinic's contractors;
- Documenting their existing case reviews and identify them as compliance related audits;
- Identify and consolidate all corporate compliance policies and link these policies to the related procedures; and
- Creating a single set of corporate compliance policies that clearly address all of the necessary program integrity elements with specific references to the existing operational procedures for meeting each element.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

ADHS REVIEW TEAM: Margery Sheridan, Division Chief of Consumer Rights
Luci Hodge, Appeals Coordinator

CONTRACTOR STAFF: Dr. Mary Jo Ghory, Physician Consultant
Sandy Arvizu, RN Utilization Coordinator
Patti Klipper, Prior Authorization

DATE OF REVIEW: May 8 - 9, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 1

REGIONAL CONTRACTOR provides members with written Notices of Action and/or Notices of Extension that meet required format standards.

Citations: 42 CFR 438.404(a); 42 CFR 438.404(b); 42 CFR 438.404(c); 42 CFR 438.210(c); 42 CFR 431.211; 213 and 214; ADHS/Regional Contractor Contract, Task 30; RCPDM Chapter 80

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not provide the Notice of Action and/or Notice of Extension letter in:

- Prevalent non-English languages
- Alternative formats
- Easily understood language and format.

REGIONAL CONTRACTOR's Notice of Action and Notice of Extension do not meet language and format requirements, ensuring ease of understanding.

Documents Reviewed:

Notice of Action Policy

Notice of Action (NOA Denial) Log

Notices of Action and Notices of Extension Template Letters

Comments:

During the review period CCRS updated all policies and templates related to this standard to meet all the requirements. However, from July through December 2006, CCRS did not use the correct Notice of Action and/or Notice of Extension letters and they were not written in an easily understood language and format. From January through March 2007, CCRS has correctly submitted case files and improved writing notices in easily understood language.

CCRS must continue to report all prior authorization service denials with corresponding information to CRSA on a weekly basis.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Recommendations:

CCRS must continue to provide members with written Notices of Action and/or Notices of Extension that meet required format standards.

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 2

REGIONAL CONTRACTOR provides members with written Notices of Action that meet required content standards.

Citations: 42 CFR 438. 210; 42 CFR 438.404; RCPDM Chapter 80.402

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR's Notice of Action does not contain all of the following required elements:

- The action taken by Regional Contractor,
- The law, rule, and/or policy supporting the action,
- The reasons for the action,
- The member 's or provider's right to file an appeal,
- The procedures for exercising the right to appeal,
- The circumstances under which expedited resolution is available and how to request it,

The member's right to have benefits continue pending resolution, how to request continuation, and the circumstances under which the member may be required to pay the cost of services.

Documents Reviewed:

CCRS Notice of Action Policy

Notice of Action (NOA Denial) Log

Notices of Action and/or Notices of Extension Template Letters

Comments:

During the review period of July 1, 2006 to March 31, 2007, CCRS was under a notice to cure for this standard; however has significantly improved in the past few months. The current policy and new letter templates meet all requirements.

Recommendations:

CCRS must provide members with written Notices of Action that meet required content standards.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 3

REGIONAL CONTRACTOR provides members with written Notices of Action within the required timeframes.

Citations: 42 CFR 438.210; 42 CFR 438.404; RCPM Chapter 61.800; Chapter 80.402

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not provide written notice Notices of Action within the required timeframes.

In 11% of files reviewed, members were provided with the written Notice of Action within the required timeframes.
(100% of denials are currently reviewed)

Documents Reviewed:

CCRS Notice of Action Policy

Prior Authorization Review Policy

Notice of Action (NOA Denial) Log

Notices of Action and/or Notices of Extension Template Letters

Comments:

During the review period of July 1, 2006 to March 31, 2007, CCRS was under a notice to cure for this standard; however has significantly improved in the past few months. The documents submitted for this review period did not indicate the date of receipt of the service authorization request, resulting in the inability to verify or determine timeliness.

Recommendations:

CCRS must provide members with written Notices of Action within the required timeframes.

CCRS should consider date stamping receipt of service authorization requests to help ensure that members receive written Notices of Action within the required timeframes.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 4

REGIONAL CONTRACTOR provides the member with a written Notice of Extension when taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when the REGIONAL CONTRACTOR determines that the service requested is not a CRS covered benefit, and refers the request to the member's primary AHCCCS plan. Citations: 42 CFR 438.408; ACOM Chapter 409; RCPDM Chapter 80

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not provide the member with written Notices of Extension within the required timeframes for:

- Standard requests for initial service authorization;
- Expedited requests for initial service authorization; or
- When referring the request for service to the member's primary AHCCCS plan

In 1 % of files reviewed, members were provided with the written notice of extension within the required timeframes.
(100% of denials are currently reviewed)

Documents Reviewed:

Written Notice of Extension Letter Template for taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when CCRS determines that the service requested is not a CRS covered benefit, and refers the request to the member's primary AHCCCS plan.

CCRS Prior Authorization Policy

Prior Authorization Review Policy

Notice of Action (NOA Denial) Log

Notices of Action and/or Notices of Extension Template Letters

Comments:

During the review period of July 1, 2006 to March 31, 2007, CCRS was under a notice to cure for this standard; however has significantly improved in the past few months. The current policy and new letter templates meet all the requirements.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Recommendations:

CCRS must provide the member with a written Notice of Extension when taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when CCRS determines that the service requested is not a CRS covered benefit, and refers the request to the member's primary AHCCCS plan.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS4a

REGIONAL CONTRACTOR provides members with written Notices of Extension that meet the required content standards.

Citations: 42 CFR 438. 210; 42 CFR 438.404; RCPPM Chapter 80

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR's Notice of Extension does not contain the following required elements:

- The reason for the decision to extend the timeframe; and
- The member's right to file a grievance if he/she disagrees with that decision.

REGIONAL CONTRACTOR's Notices of Extension do not contain all required elements.

Documents Reviewed:

CCRS Notice of Action Policy

Prior Authorization Review Policy

Notices of Action and/or Notices of Extension Template Letters

Comments:

During the review period of July 1, 2006 to March 31, 2007, CCRS was under a notice to cure for this standard; however has significantly improved in the past few months. Letter templates did not contain all required content elements and were not placed on their letterhead. The current policy and new letter templates meet the content element requirements

Recommendations:

CCRS must provide members with written Notices of Extension that meet required content standards.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS4b

REGIONAL CONTRACTOR provides timely, written notification to the member's primary AHCCCS plan when the REGIONAL CONTRACTOR determines that the service requested is not a CRS covered benefit.

Citations: 42 CFR 438.408; ACOM Chapter 409; RCPDM Chapter 80

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not provide timely, written notification to the member's primary AHCCCS plan when the REGIONAL CONTRACTOR determines that the service requested is not a CRS covered benefit..

In 25 percent of files reviewed, members were provided with the written notice of extension within the required timeframes.
(100% of denials are currently reviewed)

Documents Reviewed:

CCRS Prior Authorization Policy

Notices of Action and/or Notices of Extension Template Letters

Comments:

During the review period of July 1, 2006 to March 31, 2007, CCRS was under a notice to cure for this standard; however has significantly improved in the past few months.

Recommendations:

CCRS must provide timely, written notification to the member's primary AHCCCS plan when CCRS determines that the service requested is not a CRS covered benefit.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 5

REGIONAL CONTRACTOR provides the member with written notice that for service authorization decisions not reached within 14 days (or an extended time frame), the authorization shall be considered denied on the date that the time frame expires. Citations: 42 CFR 438.404; 42 CFR 438.408; RCPDM Chapter 60

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide the member with written notice that for service authorization decisions not reached within 14 days (or an extended time frame), the authorization shall be considered denied on the date that the time frame expires.

- Standard requests for initial service authorization (14 working days),
- Expedited requests for initial service authorization (3 working days),
- Extensions an additional 14 days.

In 100 % of files reviewed, members were provided with the written notice of service authorizations deemed denied.
(100% of denials are currently reviewed)

Documents Reviewed:

CCRS Notice of Action Policy
CCRS Prior Authorization Policy

Comments:

The current policy addresses this standard and the Regional Contractor has an established process in place.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 6

REGIONAL CONTRACTOR handles grievances and appeals in a manner that is consistent with federal and state requirements.

Citations: 42 CFR 438.402(b)(2)(3); 42 CFR 438.406(a)(1 –3); 42 CFR 438.406(b)(1– 4); 42 CFR 438.410; 42 CFR 438.414;
ADHS/Regional Contractor Contract Task 32; RCPDM Chapters 60 and 80

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have procedures in place for filing of grievances and appeals by member, or by provider with member's consent, as appropriate.

REGIONAL CONTRACTOR does not have a process in place for members or providers to file grievances orally or in writing.

REGIONAL CONTRACTOR does have a process in place for members or providers to file appeals either orally or in writing with oral appeals confirmed in writing unless requesting an expedited resolution.

Documents Reviewed:

CCRS Grievance Policy

CCRS Notice of Action Appeals Policy

Comments:

Only one Non-QOC issue was documented during the review period. Low documentation of grievances may be a result of under-reporting, poor processes, and/or misclassification of Non-QOC for QOC issues.

There were no appeals filed during the review period of July 1, 2006 to March 31, 2007

Recommendations:

CCRS must maintain and implement a grievance process which documents, monitors, intervenes, and reports Non-QOC grievance occurrences.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

CCRS' Grievance Policy must contain a provision that the member may file a grievance with CRSA or the CRS regional contractor to the Grievance Policy.

CCRS must define "grievance" in its Grievance Policy as a CRS member's expression of dissatisfaction with any aspect of their care, other than the appeal of actions.

CCRS should consider separating the grievance (non-quality of care) policy from the quality of care policy.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 7

REGIONAL CONTRACTOR provides members with assistance in the grievance and appeals process.

Citations: 42 CFR 438.10(g); RCPDM Chapter 60.204

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide members with assistance in completing forms and other procedural steps in the grievance process.

REGIONAL CONTRACTOR does/does not provide assistance in completing forms and other procedural steps in the appeals process. (Not rated)

REGIONAL CONTRACTOR does provide interpreter services and toll-free numbers with TTY/TTD and interpreter capability for grievance and appeals process.

Documents Reviewed:

CCRS Grievance Policy

CCRS Notice of Action Appeals Policy

Comments:

There were no appeals filed during the review period of July 1, 2006 to March 31, 2007; however CCRS does have a process in place to provide assistance in completing forms and other procedural steps in the appeals process.

Recommendations:

None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 8

REGIONAL CONTRACTOR acknowledges receipt of each grievance and appeal in a timely manner.

Citations: 42 CFR 438.404; RCPDM Chapter 60.300

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does acknowledge receipt of each grievance.

100% of grievance files reviewed indicate the grievance was acknowledged.

REGIONAL CONTRACTOR does/does not acknowledge receipt of each appeal. (Not rated)

REGIONAL CONTRACTOR does meet timeframe for acknowledging receipt of grievance (i.e., within 5 business days for standard appeals/1 business day for expedited appeals)

100% of grievance files reviewed indicate the grievance was acknowledged within 5 business days (1 business day for expedited appeals).

Documents Reviewed:

CCRS Grievance Policy

CCRS Notice of Action Appeals Policy

One closed Non-QOC, record #2006-61

Comments:

During the administrative review time period, CCRS had only one Non-QOC on file.

CCRS did not have any appeals filed during the review period.

Recommendations:

None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 9

REGIONAL CONTRACTOR ensures decision-makers for the grievance and appeal are appropriately qualified individuals.

Citations: 42 CFR 438.404; RCP PM Chapter 60.300

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does use decision-makers on grievances that were not in previous levels of review or decision-making.

REGIONAL CONTRACTOR does/does not use decision-makers on appeals that were not in previous levels of review or decision-making. (Not rated)

REGIONAL CONTRACTOR does use decision-makers on grievances that are health care professionals with clinical expertise in treating the member's condition when:

A grievance is filed regarding a denial of expedited resolution of an appeal;

A grievance is filed related to clinical decisions.

REGIONAL CONTRACTOR does/does not use decision-makers on appeals that are health care professionals with clinical expertise in treating the member's condition when:

An appeal is filed regarding a denial that is based on lack of medical necessity;

An appeal is filed related to clinical decisions. (Not rated)

Documents Reviewed:

CCRS Grievance Policy & Notice of Action Appeals Policy

Comments:

There were no appeals filed during the review period of July 1, 2006 to March 31, 2007. Standard and findings are met with respect to grievances. CCRS is JCAHO accredited

Recommendations:

None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 10

REGIONAL CONTRACTOR provides members and/or their representative with an opportunity to examine their case file and to present evidence.

Citations: 42 CFR 438.406; RCPDM Chapter 60.402

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not provide members and/or their representatives with an opportunity to examine their case file and any other documents and records considered during the appeals process.

REGIONAL CONTRACTOR does/does not provide members and/or their representatives with an opportunity to present evidence in person or in writing.

REGIONAL CONTRACTOR does/does not include the member or her representative or legal representative of a deceased member's estate as a party to the appeal.

Documents Reviewed:

CCRS Grievance Policy

CCRS Notice of Action Appeals Policy

Comments:

There were no appeals filed during the review period of July 1, 2006 to March 31, 2007. However, CCRS does have processes in place to:

- Provide members and/or their representatives with an opportunity to examine their case file and any other documents and records considered during the appeals process;
- Provide members and/or their representatives with an opportunity to present evidence in person or in writing; and
- Include the member or her representative or legal representative of a deceased member's estate as a party to the appeal.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 11

REGIONAL CONTRACTOR maintains an expedited review process for appeals.

Citations: 42 CFR 438.410; RCPDM Chapter 60.405

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does maintain an expedited review process for appeals, which includes:

- Not taking punitive action against a provider who requests an expedited resolution or supports a member's appeal,
- Transfer of the appeal to the timeframe for standard resolution if the request for expedited resolution is denied,
- Reasonable effort to give the member oral notice of the denial to expedite resolution, and
- Follow-up with written notice of denial within two calendar days.

Documents Reviewed:

CCRS Notice of Action Appeals Policy

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 12

REGIONAL CONTRACTOR provides information about the grievance system to providers at the time they contract with REGIONAL CONTRACTOR.

Citations: 42 CFR 438. 414; RCPPM Chapter 60.200

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide information about the grievance system to providers at the time they contract with the CRS Regional Contractor.

Documents Reviewed:

CCRS Grievance Policy

CCRS Provider Manual Chapter 80.502, Chapter 60.200

CCRS Clinic Website

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 13

REGIONAL CONTRACTOR disposes of grievances, resolves appeals and provides notice within the required federal and state timeframes.

Citations: 42 CFR 438.408(b)(1-3); 42 CFR 438.408(c); 42 CFR 438.408(d)(1-2); 42 CFR 438.408(e); ADHS/Regional Contractor Contract Task 32; RCPDM Chapters 60 and 80

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does issue decisions as expeditiously as the member's condition requires, but no later than 90 days from receipt of grievance.

100% of grievance files reviewed have documentation that written or oral decisions were issued as expeditiously as the member's condition requires, but no later than 90 days of receipt of grievance.

Documents Reviewed:

One closed Non-QOC, record #2006-61.
CCRS Grievance Policy

Comments:

There were no appeals filed during the review period of July 1, 2006 to March 31, 2007

Recommendations:

None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 14

REGIONAL CONTRACTOR resolves standard appeals and provides written notice to affected parties no later than 30 days from receipt of appeal, absent an extension.

Citations: 42 CFR 438.408; RCPDM Chapter 60.404

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not issue written decisions for resolution of standard appeals no later than 30 days from receipt of appeal, absent an extension.

__NA__% of appeal files reviewed have documentation that written decisions were issued no later than 30 days of receipt of appeal, absent an extension.

(100% of denials are currently reviewed)

Documents Reviewed:

CCRS Notice of Action Appeals Policy

Comments:

Although there were no appeals filed during the review period of July 1, 2006 to March 31, 2007, CCRS does have a process in place to issue written decisions for resolution of standard appeals no later than 30 days from receipt of appeal, absent an extension.

Recommendations:

None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 15

REGIONAL CONTRACTOR resolves expedited appeals and provides notice to affected parties no later than three (3) working days from receipt of referral, absent an extension.

Citations: 42 CFR 438.410; RCPPM Chapter 60.405

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not issue written expedited decisions of appeals no later than three (3) working days from receipt of the appeal.

REGIONAL CONTRACTOR does make reasonable effort to provide oral notice.

NA % of appeal files reviewed have documentation that written expedited decisions were issued no later than 3 working days from receipt of referral, and an effort was made to provide oral notice.

(100% of denials are currently reviewed)

Documents Reviewed:

CCRS Notice of Action Appeals Policy

Comments:

Although there were no appeals filed during the review period of July 1, 2006 to March 31, 2007, CCRS does have processes to issue written expedited decisions of appeals no later than three (3) working days from receipt of the appeal and make reasonable efforts to provide oral notice.

Recommendations:

None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 16

REGIONAL CONTRACTOR complies with extension of timeframe requirements for grievances, standard appeals and expedited appeals.

Citations: 42 CFR 438. 408; 42 CFR 438.410; RCPDM Chapter 60.404, 405

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does extend the timeframes for grievances up to 14 calendar days only if the member requests the extension or a need for additional information is demonstrated by REGIONAL CONTRACTOR. In NA% of grievance files reviewed, REGIONAL CONTRACTOR appropriately extends the timeframe for grievances. (100% of denials are currently reviewed)

REGIONAL CONTRACTOR does extend the timeframes for appeals up to 14 calendar days only if the member requests the extension or a need for additional information is demonstrated by REGIONAL CONTRACTOR. In NA% of appeal files reviewed, REGIONAL CONTRACTOR appropriately extends the timeframe for appeals. (100% of denials are currently reviewed)

REGIONAL CONTRACTOR does extend the timeframes for expedited appeals up to 14 calendar days only if the member requests the extension or a need for additional information is demonstrated by REGIONAL CONTRACTOR. In NA% of expedited appeal files reviewed, REGIONAL CONTRACTOR appropriately extends the timeframe for expedited appeals. (100% of denials are currently reviewed)

REGIONAL CONTRACTOR does provide written notice to the member if REGIONAL CONTRACTOR extends the timeframe requirements.

Documents Reviewed:

Grievance Files; CCRS Grievance Policy; CCRS Notice of Action Appeals Policy

Comments:

CCRS had no extension of timeframe events for grievances, standard appeals and expedited appeals.

Recommendations:

None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 17

The CRS Regional Contractors Notice of Appeal Resolution contains all required elements.

Citations: 42 CFR 438.404; RCPPM Chapter 80.402; Chapter 60.407

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR's Notice of Appeal Resolution does/does not contain all of the following required elements:

- Results of resolution process and date completed,
- If not resolved wholly in members favor, the legal basis for the decision, the right to and how to request a State fair hearing, the right to receive benefits while hearing is pending and potential liability for costs.

In NA % of appeal files reviewed, the Notice of Appeal Resolution contained all required elements.
(100% of denials are currently reviewed)

Documents Reviewed:

CCRS Notice of Action Appeals Policy

Comments:

There were no appeals filed during the review period July 1, 2006 through March 31, 2007.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
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Grievance System**

Standard:

GS 18

REGIONAL CONTRACTOR maintains grievance and appeal logs that identify the complainant, date of receipt, nature of the appeal, date the issue is resolved, and the resolution.

Citations: 42 CFR 438.416; ADHS/Regional Contractor Contract, Task 32; RCPDM Chapter 60

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does record all required information in the grievance logs.

REGIONAL CONTRACTOR does record all required information in the appeal logs.

Documents Reviewed:

CCRS Grievance Policy

CCRS Notice of Action Appeals Policy

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
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Standard:

GS 19

REGIONAL CONTRACTOR, as appropriate, continues the member's benefits pending an appeal or State fair hearing in compliance with Federal and State requirements.

Citations: 42 CFR 438.420.b-d; RCPDM Chapter 60.608

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not continue the member's benefits pending an appeal or state fair hearing if:

- The member or the provider files the appeal timely,
- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment,
- The services were ordered by an authorized provider,
- The member requests extension of benefits.
- In NA % of appeal records reviewed, the member's benefits were appropriately continued pending an appeal or state fair hearing. (100% of denials are currently reviewed)

REGIONAL CONTRACTOR does/does not discontinue providing the member's benefits only if:

- The member withdraws the appeal,
 - Ten days pass after the MCO or PIHP mails the notice, providing the resolution of the appeal against the member, unless the member, within the 10-day timeframe, has requested a State fair hearing with continuation of benefits until a State fair hearing decision is reached,
 - A State fair hearing Office issues a hearing decision adverse to the member,
 - The time period or service limits of a previously authorized service has been met.
- In NA % of appeal records reviewed, the member's benefits were appropriately discontinued. (100% if denials are currently reviewed)

REGIONAL CONTRACTOR does/does not recover the cost of providing the benefit only when the final resolution of the appeal is adverse to the member. (REGIONAL CONTRACTOR may choose not to pursue payment).

Documents Reviewed:

CCRS Notice of Action Appeals Policy

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Comments:

Although there were no appeals filed during the review period of July 1, 2006 to March 31, 2007, CCRS does have processes in place to continue or discontinue the member's benefits appropriately as identified in the findings above.

Recommendations:

None

**ADHS/OCSHCN
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Grievance System**

Standard:

GS 20

REGIONAL CONTRACTOR, as appropriate, provides or pays for the disputed services when the appeal resolution is reversed by the State Fair Hearing Officer.

Citations: 42 CFR 438.424.a and b; RCPDM Chapter 60.609

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not promptly provide disputed services, when the State Fair hearing officer reverses a decision to deny, limit or delay services that were not provided pending the appeal.

REGIONAL CONTRACTOR does/does not pay for disputed services, when the State Fair hearing officer reverses a decision to deny authorization of the services and the member received the disputed services while the appeal was pending.

Documents Reviewed:

CCRS Claim Dispute Policy

Comments:

Although there were no appeals filed during the review period of July 1, 2006 to March 31, 2007, CCRS does have processes in place to promptly provide disputed services, when the State Fair hearing officer reverses a decision to deny, limit or delay services that were not provided pending the appeal, and to pay for disputed services, when the State Fair hearing officer reverses a decision to deny authorization of the services and the member received the disputed services while the appeal was pending.

Recommendations:

None

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007
Grievance System**

Standard:

GS 21

REGIONAL CONTRACTOR complies with claims dispute requirements.

Citations: RCPPM Chapter 50

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not provide a member/provider with written acknowledgement of receipt of a claim dispute within 5 working days.

__27__ % of files reviewed contained documentation of written acknowledgement of receipt of a claim dispute within 5 working days.
(100% of claims disputes are currently reviewed)

REGIONAL CONTRACTOR does provide a provider with written notice of claims dispute within required timeframes.

__27__ % of files reviewed contained documentation that written notices of decision of the claims dispute was provided to the provider within 30 days after the filing of a claims dispute. (100% of claims disputes are currently reviewed)

REGIONAL CONTRACTOR does/does not document claims dispute decision extension agreements.

__N/A__ % of files reviewed contained documentation of extension agreements for those decisions not issued within 30 days after the filing of a claims dispute.

Documents Reviewed:

CCRS Claim Dispute Policy

CCRS Claim Dispute Case Files

Comments:

Although the claim dispute files were out of compliance for this standard during the review period of July 1, 2006 to March 31, 2007, CCRS has received training and technical assistance on the process and has significantly improved in compliance for this standard in the past two months. CCRS has a process in place to provide a member/provider with written acknowledgement of receipt of a claim dispute within 5 working days; and document claims dispute decision extension agreements.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
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Recommendations:

CCRS must comply with claims dispute requirements related to timely written acknowledgement and decisions.

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Grievance System**

Standard:

GS 22

REGIONAL CONTRACTOR claim dispute notice of decision includes all required information.

Citations: ARS Title 36, Chapter 29; ARS §12-1518; RCPPM Chapter 50.400

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR claim dispute notice of decision letters did not include the following:

A statement of the nature of the claim dispute and the issues involved, and will:

- Approve or deny the claim for payment, or
- Affirm or reverse the denial, in whole or in part, or
- Affirm or reverse the sanction, in whole or in part, and
- Include the date of the decision
- Include a statement of the reasons for the decision and the statutes, rules and policies involved, and
- Include a statement that a provider dissatisfied with the decision may request an administrative hearing by filing a request with the CRSA Division of Consumer Rights within 30 days of receipt of the decision. Included with the statement is a description of the provider's right to request an informal settlement conference.

0% of Notices of Decision included all required information. (100% of claims disputes are currently reviewed)

Documents Reviewed:

CCRS Claim Dispute Policy

CCRS Claim Dispute Case Files

Comments:

Although the claim dispute files were out of compliance for this standard during the review period of July 1, 2006 to March 31, 2007, CCRS has received training and technical assistance on the process and has significantly improved in compliance for this standard in the past two months.

Recommendations:

CCRS claim dispute notices of decision includes all required information.

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Grievance System**

Standard:

GS 23

REGIONAL CONTRACTOR has a process of recording and maintaining records of claims disputes.

Citations: ARS Title 36, Chapter 29; ARS §12-1518; RCPPM Chapter 50.400

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not consistently maintain records of claims disputes.

Documents Reviewed:

CCRS Claim Dispute Policy

CCRS Claim Dispute logs for the review period

Comments:

CCRS did not maintain denial logs for the last week of November, 2006 and the month of December 2006.

Recommendations:

CCRS must have a process of consistently recording and maintaining records of claims disputes.

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
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Grievance System**

Standard:

GS 24

REGIONAL CONTRACTOR pays within 10 business days denied claims reversed in the claims dispute process.

Citations: ARS Title 36, Chapter 29; RCPDM Chapter 50.400

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not pay denied claims within 10 business days of the date the denial is reversed (19% compliant for date of the review).

Documents Reviewed:

CCRS Claim Dispute Policy

CCRS Claim Dispute logs for the review period

Comments:

Although claim dispute files and logs lacked the evidence to support the regional contractor's compliance for this standard during the review period of July 1, 2006 to March 31, 2007, CCRS has received training and technical assistance on the process and has significantly improved in compliance for this standard in the past two months. CCRS has a process in place to pay, within 10 business days, denied claims reversed in the claims dispute process.

Recommendations:

CCRS must maintain evidence in the claims disputes case record that denial claims reversed in the claim dispute process are paid within 10 business days of the date the denial is reversed.

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Medical Management

ADHS REVIEW TEAM:

**Ashraf Lasee, Division Chief of Medical Management
Michele Reese, Utilization Management Specialist
Earlene Allen, Utilization Management Specialist
Kristy Benton, Utilization Management Specialist
Julie Karcis, Research Manager**

CONTRACTOR STAFF:

**Jill Bemis, Chief Executive Officer
Conrad Clemens, M.D., Co-Medical Director
Jan Erskine, Patient/Family Services Manager
Mary Jo Ghory, M.D., Physician Consultant
Edie Jordan, Chief Operations Officer
Joni O'Brien, Compliance/Quality Management Director
Sydney Rice, M.D., Co-Medical Director
Bat-Sheva Stein, Nurse Manager**

DATE OF REVIEW:

May 8-9, 2007

**ADHS/OCSHCN
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Medical Management

Standard:

MM 1

REGIONAL CONTRACTOR has implemented procedures for utilization management program requirements, which are consistent with AHCCCS standards.

Citations: AMPM Ch. 1000, Policy 1010; 42 CFR 438.240; 42 CFR 456.1; 42 CFR 456.3; 42 CFR 456.5] CRSA Process Monitoring Tools: Prior Authorization, Retrospective Review, and Concurrent Review

Ratings: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR has implemented processes for monitoring and evaluating utilization of services which the Plan has identified as variances (both over and under) in utilization patterns.

REGIONAL CONTRACTOR does have policies and procedures related to service authorizations for prior authorization reviews.

REGIONAL CONTRACTOR does have policies and procedures related to service authorizations for concurrent review.

REGIONAL CONTRACTOR does have policies and procedures related to service authorizations for retrospective review.

REGIONAL CONTRACTOR does not assess the quality of services provided when utilization data variances are present (over and under utilization).

REGIONAL CONTRACTOR has not addressed identified variances.

Documents Reviewed:

Children's Clinics for Rehabilitative Services Organization Chart, Dated 4/25/07, and job descriptions for selected staff

Policies and Procedures: Prior Authorization, Revised 03/07

Provider Service Requisition Form (PSR)

Policies and Procedures: Concurrent Review, Revised 03/07

Concurrent Review Form

Policies and Procedures: Retrospective Review, Revised 03/07

Retrospective Review Form

Policy PC.009 Durable Medical Equipment, Dated 5/7/07

Policy .001 Information to be Available to Practitioners prescribing Medication, Dated 3/20/07

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Medical Management

Policy .005 Pharmacy, Dated 4/24/07

Medical Staff Organization and Service Guidelines Referred to as: Practice Guidelines

New Medical Technologies Policy

Wheelchair Services Delivery Audit, 12/5/06 thru 1/2/07

Senior Leadership Team Meeting Schedule for CY2006

Senior Leadership Team Minutes for August 29, 2006

Case Review Agenda/Attendance and Handout for 7/11/06, 7/18/06, 7/25/06, 8/1/06, 8/8/06, 8/15/06, 8/22/06, 8/29/06, 9/5/06, 9/12/06, 9/26/06, 10/3/06, 10/10/06, 10/17/06, 10/24/06, 10/31/06, 11/7/06, 11/14/06, 11/21/06, 11/28/06, 12/5/06, 12/12/06, 12/19/06, 1/4/07, 1/11/07, 1/18/07, 1/25/07, 2/1/07, 2/15/07, 2/22/07, 3/1/07, 3/8/07, 3/15/07, 3/22/07, 3/29/07

Tables showing services provided for various categories and timeframes

Comments:

CCRS has partially implemented procedures for utilization management program requirements, reviewing individual cases, but not regularly or systematically considering aggregate data. There was insufficient documentation of regular data review, analysis, trending, and corrective interventions in Case Review or Senior Leadership Team meetings.

Recommendations:

CCRS must ensure full implementation of utilization management program requirements.

CCRS must develop policies and procedures for monitoring inpatient, ambulatory surgery, outpatient, and other services by gathering data, identifying trends, implementing interventions, and analyzing the results of actions taken.

CCRS must discuss these activities in regularly scheduled meetings attended by appropriate staff, and reflect discussions, with action items, in the meeting minutes.

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
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Medical Management

Standard:

MM 2:

REGIONAL CONTRACTOR reviews utilization data and reports trends, variances, analysis/ evaluation, interventions through the Medical Management Committee. REGIONAL CONTRACTOR acts and follows through on committee recommendations.

Citations: AMPM Ch. 1000, Policy 1010; 42 CFR 438.240; 42 CFR 456.1; 42 CFR 456.3; 42 CFR 456.5

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have a forum/meeting to discuss medical/utilization management issues on a regular basis.

REGIONAL CONTRACTOR does not have minutes from the committee meetings which reflect the following:

- Reporting of data over time reflecting any trends;
- Addresses any untoward trends and minutes reflect analysis and plans for interventions;

REGIONAL CONTRACTOR does not report on the previous meeting's recommendations, analyze interventions and make changes based on the recommendations.

Documents Reviewed:

Children's Clinics for Rehabilitative Services Organization Chart, Dated 4/25/07, and job descriptions of selected staff

Policies and Procedures: Prior Authorization, Revised 03/07

Policies and Procedures: Concurrent Review, Revised 03/07

Policies and Procedures: Retrospective Review, Revised 03/07

Senior Leadership Team Meeting Schedule for CY2006

Senior Leadership Team Minutes for August 29, 2006

Case Review Agenda/Attendance and Handout for 7/11/06, 7/18/06, 7/25/06, 8/1/06, 8/8/06, 8/15/06, 8/22/06, 8/29/06, 9/5/06, 9/12/06, 9/26/06, 10/3/06, 10/10/06, 10/17/06, 10/24/06, 10/31/06, 11/7/06, 11/14/06, 11/21/06, 11/28/06, 12/5/06, 12/12/06, 12/19/06, 1/4/07, 1/11/07, 1/18/07, 1/25/07, 2/1/07, 2/15/07, 2/22/07, 3/1/07, 3/8/07, 3/15/07, 3/22/07, 3/29/07

Tables showing services provided for various categories and timeframes

Wheelchair Services Delivery Audit, 12/5/06 thru 1/2/07

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Medical Management

Comments:

CCRS discusses medical/utilization management issues for individual cases at the Case Review meeting and noted plans to use aggregate data to discuss such topics at Senior Leadership Team meetings. Neither group's minutes reflected an identification of trends, proposed interventions, and follow-up to address the issues.

Recommendations:

CCRS must discuss medical/utilization management issues regularly, including data analysis, identification of trends and variances, implementation of interventions, and review of recommendations.

CCRS must document these discussions in committee minutes.

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Medical Management

Standard:

MM 3

REGIONAL CONTRACTOR has implemented procedures for utilization management program requirements, which are consistent with CRSA and AHCCCS standards.

Citations: Contract #HP361008; AMPM Chapter 1000; Policy 1010; 42 CFR 438.114; 438.114; 42 CFR 438.236

Rating: FULL COMPLIANCE

Finding:

REGIONAL CONTRACTOR has implemented processes for monitoring and evaluating utilization of services to include:

- Inpatient Stays (prior authorization and concurrent review process)
- Durable Medical Equipment (Prior authorization process)
- Emergent Services (Retrospective review process)

Documents Reviewed:

Wheelchair services Delivery Audit 12/5/06 thru 1/2/07

Wheelchair Fitting Report

Use & Maintenance Checklist for Wheelchairs

Wheelchair Services Referral

CCRS Prior Authorization Process

CCRS Provider service Requisition Form (PSR)

CCRS Retrospective review Process and Form

CCRS Concurrent review Process and Form

InterQual level of care criteria

CCRS Concurrent review Log

CCRS Drug utilization review Quarter 1 2007

CCRS Provider Service Requisition Form

Notice of extension for service Authorization Timeframe

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Medical Management

Comments:

CCRS PSR form requires clarification regarding whether the CRSA requested service is covered.

Recommendations:

CCRS should consider including a check box on the PSR form indicating if the requested service is a CRSA covered service.

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Medical Management

Standard

MM 4

REGIONAL CONTRACTOR adopts and monitors provider compliance with National clinical practice guidelines and or local standards of practice.

Citations: Contract #HP361008; AMPM Chapter 1000; Policy 1010; 42 CFR 438.114; 438.114; 42 CFR 438.236

Rating: SUBSTANTIAL COMPLIANCE

Findings

REGIONAL CONTRACTOR has adopted practice guidelines in consultation with the contracting health care professionals that:

- Are reviewed and updated annually by ADHS/CRSA and CRS Regional Contractors Medical Directors.
- Are based on valid and reliable clinical evidence or health care professional consensus,
- Consider the needs of its individuals receiving medical care,
- Are adopted in consultation with contracting health care professionals and CRSA Medical Director,

REGIONAL CONTRACTOR has not (fully) disseminated CRSA clinical practice guidelines to affected providers; and upon request to individuals receiving medical care.

REGIONAL CONTRACTOR does have adequate structural elements in place for implementation of the Practice Guidelines.

22 out of 22 (100%) charts reviewed, present evidence of adequate structural elements in place for members with cleft lip/cleft palate diagnosis.

13 out of 13 (100%) charts reviewed, present evidence of adequate structural elements in place for members with sickle cell disease diagnosis.

Documents Reviewed:

Selected medical charts of (1) Tucson CRS members diagnosed with cleft lip / cleft palate and (2) members with sickle cell disease diagnosis

Tucson CRS Policy: Clinical Practice Guidelines Distribution (undated; sent to CRSA via e-mail on 3-6-2007)

Tucson CRS website materials for Practice Guidelines-specific information

Policy for Clinical Practice Guidelines Distribution (Revised 2/23/2007)

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Medical Management

Tucson CRS Medical Staff Organization and Service Guidelines (Referred to as: Practice Guidelines)
Provider Manual Professional Staff Guidelines of The Children's Clinics for Rehabilitative Services (revised May, 2007)
Orofacial Team Review of Care and Orofacial Care Plan
(submitted as generic treatment plan for members with Cleft Lip / Cleft Palate)
Documents concerning the proposed pilot project for Orofacial Clinic Performance Improvement

- CRS-ADHS correspondence dated 2/6/2007 and 2/14/2007
- QISC Plan: Children's Clinics Performance Improvement Orofacial Clinic Model (dated 3/27/07)

Sickle Cell Disease – Health Care Maintenance
Transcranial Doppler Studies (TCD) for Sickle Cell Patients
Monitoring Plan for Appropriate Use of Clinical Practice Guidelines (with Sickle Cell review document)
Referral protocol for CL/CP Quality Improvement Plan
Policy for New Medical Technology (effective date 4/24/07)
Policy for Prior Authorization
Policy for Intersite Total and Partial Transfers

Comments:

CCRS has an innovative Orofacial Clinic pilot project to increase access to services and improve follow-up for patients, reduce demands on clinician time, and increase the number of patients the Clinic is able to serve.

CCRS does not have a Clinical Practice Guidelines policy to reflect the process for implementation, monitoring and dissemination mechanism for distribution of new Guidelines to members upon request. However, a written process is available that reflects only the mechanism for distribution of new Guidelines to providers.

Recommendations:

CCRS must reflect and reference in its Clinical Practice Guideline Policy how it implements the Guidelines and monitors their use.

CCRS should consider expanding Clinical Practice Guideline Policy to demonstrate how Guidelines will be made available to both providers and, upon request, to members or potential members.

CCRS should consider placing a direct link for members/potential members about the Guidelines on their web page.

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Medical Management

Standard:

MM 5

REGIONAL CONTRACTOR has a structure and process in place for the review of prior authorization requests.

Citations: Contract #HP361008; RCPM Ch 80; AMPM Chapter 1000, Policy 1020; 42 CFR 438.210; 42 CFR 438.114; 42; 42 CFR 422.113(c); CRSA Process Monitoring Tools: Prior Authorization

Ratings: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is using qualified, professional medical staff to conduct authorization review (a physician, physician assistant, nurse practitioner and/or a RN/BSN) with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does ensure that Regional Clinics utilize standardized criterion when making prior authorization decisions.

REGIONAL CONTRACTOR does have a written policy and procedure for prior authorization that includes the following elements:

- Process to authorize services in a sufficient amount, duration, or scope, such as timelines for the standard and expedited review process: 14 calendar days for Standard Request vs. 3 working days for expedited request; with an extension option of 14 calendar days for both.
- Shall not arbitrarily deny or reduce the amount, duration, or scope of a medically necessary service.
- Consultation with the requesting provider when appropriate.

REGIONAL CONTRACTOR does not fully ensure that Regional Clinics' Medical Directors review, approve and sign all prior authorization denial decisions, including pharmacy.

REGIONAL CONTRACTOR does ensure that any decision rendered by Regional Clinics' Medical Directors to deny a service authorization or to authorize a service in an amount, duration or scope that is less than requested is made by a Physician who has appropriate clinical expertise in treating the member's condition or disease.

In 20 out of 20 (100%) files reviewed, the denial decisions were reviewed for medical necessity by REGIONAL Contractor's Medical Directors

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Medical Management

In 19__ out of __20_ (95%) files reviewed, rationale for the denial is clearly documented.

Documents Reviewed:

CCRS Organizational chart
Confirmed qualifications of Prior Authorization staff
CCRS Provider service Requisition Form (PSR)
CCRS Prior Authorization Process
Notice of extension for service Authorization Timeframe
CRSA quarterly on site review summaries

Comments:

The majority of denial forms were signed by Dr Ghory on the line identified as the Medical Director; this is inaccurate per the CCRS Organizational Chart. CRSA has problems with the language used in a couple of letters of extension to members. CCRS acknowledged during the interview that modifications were needed. The letters also do not document the reason(s) for the request for extension.

Recommendations:

CCRS must clearly document/identify the reasons for requesting the extension.

CCRS must document the role of Dr. Ghory as designee to the Medical Director.

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Medical Management

Standard:

MM 6

REGIONAL CONTRACTOR has implemented and monitors the Prior Authorization (PA) process and has adopted an inter-rater reliability plan.

Citations: Contract #HP361008; RCPDM Ch. 80; AMPM Chapter 1000, Policy 1020; 42 CFR 438.210; 42 CFR 438.114; 42 CFR 438.114; 42 CFR 422.113(c); CRSA Process Monitoring Tools: Prior Authorization

Ratings: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does evaluate the consistency with which individuals involved in PA decision making apply the standardized criteria.

REGIONAL CONTRACTOR does have written policies regarding inter-rate reliability training and testing for staff and medical director on annual basis

REGIONAL CONTRACTOR does not ensure (on a regular basis) consistent application of review criteria and compatible decisions that include inter-rater reliability criterion; and monitoring of all staff involved in the review process, including the Regional Medical Director.

REGIONAL CONTRACTOR does (have a plan to) take action when criteria are not being applied in a consistent manner by the PA staff.

REGIONAL CONTRACTOR does have a process in place for review by another physician qualified to make a determination of necessity or denial, in the event an ordering physician challenges a denial.

REGIONAL CONTRACTOR does have a process to notify the requesting provider and/or a member of a decision to deny, limit or discontinue authorization of service and the steps for appealing an authorization decision.

Documents Reviewed:

Tucson CRS Organizational Chart

Confirmed RN's status, and Medical Director's licensure & hospital privilege status

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Medical Management

Job Descriptions, RN utilization Coordinator, Eligibility/Prior Auth Review Specialist ,and Physician Consultant
CCRS Utilization Management/Prior Authorization.
CCRS Prior Authorization Provider Service Requisition (PSR)
CCRS Utilization Management Concurrent .Review
CCRS Concurrent Review Form
CCRS Utilization Management Retrospective Review
Inter-rater Reliability Pilot study #1 2006—Prior Authorization Specialists
PA survey for Inter reliability, with summary report
Inter-rater Reliability Pilot study #2 2006—Medical Directors (6/13/06, 6/20/06 & 6/27/06)
Sign in sheets, scores, process for review, results, lessons learned, recommendations from 06
Case review 4/27/07 sign in sheet and scores
Tucson CRS Notice of Extension for Service Authorization Timeframe letter
InterQual level of Care Criteria

Comments:

CCRS has a written process in their prior authorization and concurrent and retrospective review policies and procedures regarding the consistent use of standard criteria for compatible decision making, which includes the Medical Director, using InterQual standards. No documentation was available for monitoring the implementation of the process. Furthermore, there is no contract or license with McKesson or another reputable organization for a standard criterion.

Recommendations:

CCRS must arrange inter-rater reliability (IRR) training and testing for all staff involved in determining medical necessity, including the Medical Director.

CCRS must conduct regular checks for consistent application of IRR review criteria and document the findings.

CCRS must require that their Prior Authorization Review Specialist be an Arizona-licensed registered nurse, physician or physician's assistant.

CCRS should consider obtaining a license/contract with a reputable organization for a standardized criterion.

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Medical Management

Standard

MM 6-A

REGIONAL CONTRACTOR has adopted an inter-rater reliability (IRR) plan for Prior Authorization, Concurrent and Retrospective Review.

Citations: ADHS/Regional Contractor Contract #HP361008; RCPDM Chapter 80; AMPM Chapter 1000; Policy 1020.

Rating: SUBSTANTIAL COMPLIANCE

Findings:

Prior Authorization

REGIONAL CONTRACTOR does have written policies regarding inter-rater reliability training and testing for staff and Medical Director on annual basis.

REGIONAL CONTRACTOR does/does not evaluate the consistency with which individuals involved in PA decision making apply the standardized criterion. (Not scored)

REGIONAL CONTRACTOR does not ensure consistent application of review criterion and compatible decisions that include inter-rater reliability criterion.

REGIONAL CONTRACTOR does/does not take action when criteria are not being applied in a consistent manner by the PA staff. (Not scored)

REGIONAL CONTRACTOR does have a process in place for review by another physician qualified to make a determination of necessity or denial, in the event an ordering physician challenges a denial.

Concurrent Review

REGIONAL CONTRACTOR does have written policies regarding inter-rater reliability training and testing for staff (involved in concurrent review) including the Medical Director on an annual basis.

REGIONAL CONTRACTOR does have uniform review criterion for making hospital length of stay decisions.

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REGIONAL CONTRACTOR does have a plan of action for staff that does not use standard criterion and timeline.

REGIONAL CONTRACTOR does not evaluate the consistency with which individuals (concurrent review staff) involved in decision-making apply the standardized criteria for severity of illness and intensity of service.

REGIONAL CONTRACTOR does take action when criteria are not being applied in a consistent manner by concurrent review staff.

Retrospective Review

REGIONAL CONTRACTOR does have written policies regarding inter-rater reliability training and testing for staff (involved in retrospective review) including the Medical Director on an annual basis.

REGIONAL CONTRACTOR does have uniform review criterion for conducting medical necessity determination post delivery of services.

REGIONAL CONTRACTOR does not ensure consistent application of review criterion and compatible decisions that include inter-rater reliability criteria.

REGIONAL CONTRACTOR does/does not take action when criteria are not being applied in a consistent manner by Retro-review staff. (Not scored)

Documents Reviewed:

Confirmation of R.N. & Medical Director's licensure & hospital privilege status
Job Descriptions, RN utilization Coordinator, Eligibility/Prior Auth Review Specialist ,and Physician Consultant
CCRS Prior Authorization Review Policy
CCRS Prior Authorization Provider Service Requisition (PSR)
CCRS Concurrent Review Policy
CCRS Concurrent Review Form
CCRS Concurrent review log
CCRS Retrospective Review- Emergency Services Review Policy
CCRS Retrospective Review-Form

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InterQual level of Care Criteria
CCRS notification of extension for Service Authorization timeframe
Notice of action letter
Denial- member appeal report
Denial Notification process- self monitoring

Comments:

CCRS has conducted two IRR trainings, one in June 2006 and the other in April 2007. Both are outside the review period, however, they are in compliance for annual IRR training and testing. Results from June 2006 training disclosed a failure to meet some review requirements, such as meeting timelines, and communicating with the Medical Director. No documentation was found for follow up training; although the CCRS Medical Director stated that each case was reviewed and discussed in detail. Results from the April training were not complied yet.

CCRS has a process to take action when criteria are not being applied in a consistent manner by prior authorization and retrospective review staff.

CCRS has no written process or plan in place for a regular consistency check for Inter-rater reliability testing. Nor is there documentation of a license/contract for the use of InterQual's standard criteria.

Recommendations:

CCRS must conduct regular checks for consistent application of review criterion for IRR and document the findings.

CCRS must document the action taken when criteria are not being applied in a consistent manner.

CCRS should consider documentation of their monitoring procedure regarding the consistency with which individuals involved in decision-making apply the standardized criteria (weekly, bi-monthly or monthly)

CCRS should consider obtaining a license/contract with McKesson for the usage of their InterQual criteria.

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Medical Management

Standard:

MM 7

REGIONAL CONTRACTOR has a process for effective concurrent review of the medical necessity of inpatient stays.

Citations: Contract #HP361008, RCPM Ch 80; AMPM Chapter 1000; Policy 1030; 1040; 1050 & 1060 and 42 CFR 438.236 (a), (b), (c); CRSA Process Monitoring Tools: Concurrent Review

Ratings: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have qualified, professional medical staff to conduct review with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does ensure that the Regional Clinics utilize a standardized criterion for length of stay determinations.

REGIONAL CONTRACTOR concurrent review staff does have a process in place to communicate with the Regional Medical Director when a CRS member is found ineligible for a particular service or set of services.

REGIONAL CONTRACTOR does ensure that the Regional Clinic Medical Directors review, approve and sign all inpatient stay denial decisions.

REGIONAL CONTRACTOR has implemented policies that describe what relevant clinical information is to be obtained when making hospital length of stay decisions or level of care determination.

In _8 of _8_ (100%) files reviewed, hospital stay denial decisions were made by the Regional Clinic Medical Director or physician designee

REGIONAL CONTRACTOR does not evaluate the consistency with which individuals involved in decision-making apply the standardized criteria.

REGIONAL CONTRACTOR does/does not take action when criteria are not being applied in a consistent manner. (Not scored)

REGIONAL CONTRACTOR does not provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any member.

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Medical Management

Documents Reviewed:

CCRS utilization management Concurrent Review
CCRS Concurrent Review Form
Confirmed R.N. licenses & Medical Directors' licensure & hospital privilege status
InterQual level of Care Criteria
CCRS Concurrent review log

Comments:

There was no documentation that CCRS evaluates the consistency (on a regular or on-going basis) with which individuals involved in decision-making apply the standardized criteria, except for the IRR training that was conducted in June 2006 and April 2007. However, CCRS does have a process to take action when criteria are not being applied in a consistent manner.

Recommendations:

CCRS must document the action taken when criteria are not being applied in a consistent manner.

CCRS should consider documenting their monitoring procedure regarding the consistency with which individuals involved in decision-making apply the standardized criteria (weekly, bi-monthly or monthly).

CCRS should consider obtaining a license/contract with McKesson for the usage of their InterQual criteria.

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Medical Management

Standard:

MM 8

REGIONAL CONTRACTOR has implemented and monitors the concurrent review process.

Citations: Contract #HP361008, RCPM Ch 80; AMPM Chapter 1000, Policy 1030; 1040; 1050 & 1060 and 42 CFR 438.236 (a) (b) (c); CRSA Process Monitoring Tools: Concurrent Review

Ratings: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is using qualified, professional medical staff to conduct review (a physician, physician assistant, nurse practitioner and/or a RN/BSN) with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does have uniform review criteria for making hospital length of stay decisions

REGIONAL CONTRACTOR does/does not evaluate the consistency with which individuals involved in decision-making apply the standardized criteria. (Not scored)

REGIONAL CONTRACTOR does specify timeframes and frequency for conducting concurrent review and decisions.

REGIONAL CONTRACTOR does specify that a review of an admission (not prior authorized) will be conducted within 1 business day after notification. The extension of a continued stay shall be assigned a new review date each time a concurrent review occurs.

REGIONAL CONTRACTOR does have a process in place for medical review by another physician qualified when a length of stay or hospitalization is determined to exceed standard medical guidelines or there is no support for level of care or medical necessity.

REGIONAL CONTRACTOR does specify that all denials for continued services shall be signed by the CRS Regional Medical Director.

REGIONAL CONTRACTOR does have a process to notify the requesting provider and member of a decision to deny, limit or discontinue authorization of service and the steps for appealing a decision.

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REGIONAL CONTRACTOR does/does not take action when criteria are not being applied in a consistent manner. (Not scored)

Documents Reviewed:

CCRS medical Management Concurrent Review Policy
CCRS Concurrent Review Form
Confirmed R.N. licenses & Medical Directors' licensure & hospital privilege status
InterQual Level of Care Criteria
CCRS Concurrent Review Log

Comments:

CRSA review of CCRS charts/forms documentation reflects that in a majority of cases the consistent use of criteria for making hospital length of stay decisions through timely reviews during the stay. CCRS' concurrent review staff has received training from ADHS during the first quarter MM/UM site visit period on prior authorization, the Provider Service Requisition (PSR), concurrent and retrospective review processes and application.

CCRS has a plan to evaluate the consistency with which individuals involved in decision-making apply the standardized criteria. Additionally, CCRS has a process to take action when criteria are not being applied in a consistent manner.

Recommendations: None

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Medical Management

Standard:

MM 9

REGIONAL CONTRACTOR makes Inpatient concurrent review decisions in a timely manner.

Citations: Contract #HP361008, RCPPM Ch. 80; AMPM Chapter 1000; Policy 1030; 1040; 1050 & 1060 and 42 CFR 438.236 (a) (b) (c); CRSA Process Monitoring Tools: Concurrent Review

Ratings: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does monitor and evaluate compliance with the established timelines for making the initial decision.

In 42__ of 45__ (93%) files reviewed, Regional Contractor met 1 business day timelines for concurrent review of admissions (not admission that did not have prior authorization)

In 35__ of 38__ (92%) , Regional Contractor documented a new review date each time a concurrent review occurred.

REGIONAL CONTRACTOR does/does not implement corrective action interventions when established timelines are not met. (Not scored)

Documents Reviewed:

- CCRS Medical Management Concurrent Review Policy
- CCRS Concurrent Review Form
- Confirmed R.N. & Medical Directors & 1 Medical Director Designee (Dr. Ghory) licensure
- InterQual Level of Care Criteria
- CCRS Concurrent Review Log
- Patient 's Concurrent review files

Comments: CCRS has a plan to implement corrective action interventions when established timelines are not met.

Recommendations: None

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Medical Management

Standard:

MM 9-A

REGIONAL CONTRACTOR has a process for effective retrospective review of the medical necessity post delivery of services.

Citations: Contract #HP361008, RCPM Ch 80; AMPM Chapter 1000; Policy 1020

Ratings: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have policies, procedures, and standard criterion that govern how retrospective review shall be conducted.

REGIONAL CONTRACTOR does have qualified staff that includes an Arizona-licensed nurse/nurse practitioner, or physician with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does have a system for maintaining files/documentation in a secured location.

REGIONAL CONTRACTOR does use a standardized criterion to make retro review decisions for medical necessity.

REGIONAL CONTRACTOR ensures retro review staff and CRS Regional Medical Director attend Inter-rater Reliability testing annually.

REGIONAL CONTRACTOR ensures retrospective reviews for all emergency services.

REGIONAL CONTRACTOR does utilize a retrospective review form containing all the essential elements to determine medical necessity for the emergency service.

- Determination of necessity of emergency service setting;
- CRS eligible diagnosis was relevant to emergency services;
- Services met the member's needs;
- Decisions on coverage and medical necessity are clearly document.

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Medical Management

Documents Reviewed:

- Tucson CCRS Retrospective Review Policy –Revised 3/07
- Tucson CCRS Retrospective Review Form
- CRS Process Monitoring Tool—Retrospective Review
- Tucson CCRS Job Description—RN Utilization Coordinator
- Tucson CCRS Job Description--Physician Consultant
- Three Inter Rater Trainings with sign-in sheets

Comments:

Tucson CCRS Retrospective Review Policy dated 3/2007 was in compliance with CRSA requirements.

Recommendations: None

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Medical Management

Standard

MM 10

REGIONAL CONTRACTOR promotes continuity and coordination through an ongoing source of primary care appropriate to his or her needs.

Citations: Contract #HP361008; AMPM Chapter 1000; Policy 1040; 1050 & 1060 42 CFR 438.236 (a) (b) (c); 42 CFR 438.208; and 42 CFR 438.240

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does demonstrate care coordination with the primary payer in order to assure all medically necessary care is provided when CRS Regional Clinic denies coverage.

REGIONAL CONTRACTOR does have policies and procedures to address coordination of member care, including protection of member's privacy.

REGIONAL CONTRACTOR does identify that each member has an assigned PCP.

- 90% (36 of 40) of the records reviewed contained documentation of identification of member's PCP.

REGIONAL CONTRACTOR does coordinate care with PCPs as needed to support quality medical management and prevent duplication of services.

- 72.5% (29 of 40) of the records reviewed contained documentation that coordination of care with PCPs occurred as needed to support quality medical management and prevent duplication of services.

REGIONAL CONTRACTOR does ensure for Title XIX/XXI enrolled persons, notification, consultation with, or disclosure of the following information to the person's PCP:

- Coordinate the placement of persons in out-of-state treatment setting,
- Any other events requiring medical consultation with the person's PCP.

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- 100% (2 out of 2) of the records for out-of-state transfer reviewed contained documentation of coordination with members' PCP.(Title XIX/XXI enrolled members)
- 76% (29 out of 38) other records requiring medical consultation with the person's PCP documented coordination with members' PCP (Title XIX/XXI enrolled members)

REGIONAL CONTRACTOR does ensure its providers protect member's privacy when coordinating care with PCPs.

REGIONAL CONTRACTOR for Title XIX/XXI members does have an ETI form for members aging out from CRSA 60 days prior to their 21st birthday;

- 94% (78 of 83) ETI forms (AHCCCS Exhibit 520-2) reviewed for members aging out from CRSA.

Documents Reviewed:

Tucson CCRS Claim Coordination of Benefit Policy and Procedure
Tucson CCRS Prior Authorization Policy
Tucson CCRS Coordination of Care Communication Checklist Form
Tucson CCRS Care Coordination/Case Management Policy
Tucson CCRS Transition of Care Policy
Tucson CCRS Intersite Total and Partial Transfer Policy
Tucson CCRS Transfer Log
Tucson CCRS HIPAA Policies
ETI Transition Table
Tucson CCRS Transition Plan Letters (14, 18, and 21 Year Old) and supporting documentation
Tucson CCRS Clinic Transition Documentation
Tucson CCRS Examples of PCP Notation
CRSA Care Coordination Chart List
Worksheet for Chart Review
18 Selected Chart Reviews (Prior Auth, Concurrent Review, Retrospective Review)
2 Out-of-State Chart Reviews
20 Partial and Total Transfer Chart Reviews
78 ETI Forms for Aging-Out Members

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Comments:

Although CCRS is putting considerable effort into coordinating care with the PCP, notification to the PCP is not documented in 100% of cases. The transition coordination in CCRS is excellent and has shown tremendous improvement since November 2006.

Recommendations:

CCRS must document the name of PCP on each member record/file; additionally, coordination of care with members PCP must be documented as well.

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
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Member Services

ADHS REVIEW TEAM:	Judith Walker, Division Chief of Programs Linda Hamman, Family/Youth Involvement Program Manager
CONTRACTOR STAFF:	Jill Bemis, Chief Executive Officer Joni O'Brien, Director of Compliance/Quality Management Cheryl Williams, Enrollment Manager
DATE OF REVIEW:	May 8-9, 2007

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Member Services

Standard:

MS 1

All materials in the New Member Orientation Packet have been approved by ADHS/CRSA.

Citations: 42 CFR 438.10; ADHS/Regional Contractor Contract #HP361008; RCPM Chapter 80.500; CRSA New Member Orientation Policy

Rating: FULL COMPLIANCE

Findings:

All materials in the New Member Orientation Packet have been approved by CRSA.

REGIONAL CONTRACTOR does distribute New Member Orientation Packet to members within ten (10) days of enrollment.

The New Member Orientation Packet does include the current member handbook.

The New Member Orientation Packet does include a comprehensive listing of providers and their languages spoken.

Documents Reviewed:

Medical charts from 10 members

Intake packet acknowledgment "Welcome to the Children's Clinic"

Patient Summary

Enrollment Form

New Member Orientation Packet

Comments: None

Recommendations: None

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Member Services

Standard

MS 2

REGIONAL CONTRACTOR shall notify affected members on a timely basis (15 days) when a provider leaves the network.

Citations: 42 CFR 438.10; ADHS/Regional Contractor Contract #HP361008; RCPDM Chapter 80.500; CRSA New Member Orientation Policy

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does notify affected members on a timely basis when a provider leaves the network.

Documents Reviewed:

Medical charts from 10 members

Standard letter of notification

Mail Merge letter documentation

Comments: None

Recommendations: None

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Member Services

**Standard
MS 3**

REGIONAL CONTRACTOR ensures that it notifies affected members of significant program changes at least 30 days prior to the effective date of the change.

Citations: 42 CFR 438.10; ADHS/Regional Contractor Contract #HP361008

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does notify affected members of a significant program change at least 30 days prior to the effective date of the change.

Documents Reviewed:

Medical charts from 10 members

Standard letter of notification

Mail Merge letter documentation

Comments: None

Recommendations: None

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Member Services

Standard:

MS 4

REGIONAL CONTRACTOR complies with federal and state requirements concerning advance directives for all members.

Citations: 42 CFR 438.6; 42 CFR 438.10; 42 CFR 417.436(d); 42 CFR 422.128; 42 CFR 489.100; ADHS/Regional Contractor Contract #HP361008, Task 44; RCPM Chapter 80.502

Ratings: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does maintain written policies and procedures for advance directives. (50%)

REGIONAL CONTRACTOR does not document the member's decision about whether to develop (execute) an advance directive. Five of 13 records documented the member's decision about whether to develop (execute) an advance directive. (25 %)

REGIONAL CONTRACTOR does provide written information on advance directives to members (or the family member(s)/surrogate(s) at the time of enrollment.

100% of records reviewed contained documentation that the member, family member or surrogate received written information on advanced directives. (25%)

REGIONAL CONTRACTOR does/does not provide written information on advance directives to members (or the family member(s)/surrogate(s) if the is incapacitated) upon initial enrollment and upon request.

N/A% of records reviewed contained documentation that the member, family member or surrogate received written information on advanced directives. (NOT RATED)

Documents Reviewed:

Medical charts from 13 members

New Member Orientation Packet

Patient Summary

Member Handbook

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Member Services

Ethics Rights and Responsibilities, Advance Directives Policy
Advance Directives packet information

Comments: None

Recommendations:

CCRS must document the member's decision about whether to develop (execute) an advance directive in the member's medical chart.

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Member Services

Standard:

MS 5

The REGIONAL CONTRACTOR offers a comprehensive training function sufficient to provide identified trainings to all personnel and service providers.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 9

Ratings: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide evidence of contracted training requirements.

REGIONAL CONTRACTOR does provide evidence of a process in place to identify additional trainings needed.

Documents Reviewed:

Health Stream Courses Completed document

Group Transcripts of courses completed

Comments: None

Recommendations: None

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Network Sufficiency

ADHS REVIEW TEAM: Ashraf Lasee, Division Chief of Utilization and Medical Management
Kristy Benton, Utilization Management Specialist

CONTRACTOR STAFF: Jill Bemis, Chief Executive Officer
Conrad Clemens, M.D., Co-Medical Director
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DATE OF REVIEW: May 7 - 9, 2007

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Network Sufficiency

Standard

NS 1

REGIONAL CONTRACTOR effectively maintains and monitors the sufficiency of its provider network, which includes, but is not limited to, current and anticipated enrollment, current and anticipated utilization of services, number of network providers, number of network providers not accepting new persons, and geographic location of providers.

Citations: 42 CFR 438.206(b) (1) (i) (ii) (iii) (iv) (v); ADHS/Regional Contractor Contract # HP 631008, Task 41; CRS Network Development and Management Plan; RCPDM Chapter 80

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not effectively address any material gaps or deficiencies in the network, including, but not limited to, as described in the annual Provider Network Development and Management Plan and/or the Quarterly Network Status reports.

REGIONAL CONTRACTOR does report anticipated changes to their network in a timely manner to CRSA.

REGIONAL CONTRACTOR does not monitor and effectively manage transitions necessitated by network changes to assure they occur in a manner that is least disruptive to the member.

Documents Reviewed:

CCRS Current and anticipated enrollment

CCRS Current and anticipated utilization of services

CCRS Lists of Network Providers and Allied Health Members by Specialty Service and Languages spoken

CCRS List of Affiliate Medical/Dental Staff

CCRS List of Network Providers not accepting new patients

CCRS Geographic Location of Providers

Tucson CCRS web site materials related to Provider Network (http://www.childrensclinics.org/info/useful_links.html)

CCRS Policy MS.001: Process for Notification of Change in Provider(s) or Changes in Program (5/1/2007)

Example letter to parent/guardian about need for change in appointment to another provider

CCRS Policy (unsigned, dated 5/7/2007): Provider Network Process: Maintaining Provider Network

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Network Sufficiency

Comments:

CCRS has an unsigned policy, dated 5/7/2007, for Maintaining their Provider Network, but this policy is limited to clinic utilization and staffing and was instituted after the Review Period. An additional new Policy, Process for Notification of Change in Provider(s) or Changes in Program, was signed by the CEO on 5/1/2007, but the document provided to CRSA has not yet been signed by the COO.

Recommendations:

CCRS must complete the approval for and implementation of their new Policy MS.001: Process for Notification of Change in Provider(s) or Changes in Program. Examples of inclusive Provider Network policies are available from CRSA.

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Network Sufficiency

Standard

NS 2

REGIONAL CONTRACTOR ensures covered services are available and accessible to its eligible enrolled members receiving medical care; and provides for second opinion as necessary or requested.

Citations: CFR 438.206(b) (3); 42 CFR 438.206(b) (4) and (5); 42 CFR 438.206(c) (1) (iv-vi); ADHS/Regional Contractor Contract # HP 631008, Tasks 23 and 41

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does as necessary, or upon request, provide for a second opinion from a qualified health care professional who is an AHCCCS-registered provider (in or out-of-network).

REGIONAL CONTRACTOR does provide the second opinions free of charge to individuals receiving medical care.

Documents Reviewed:

CCRS Policy for Prior Authorization (# UM.003)

CCRS Policy for Maintaining a Provider Network (5/7/2007)

CCRS Policy # PN.003 (revised 04/2007): Provider Network (notification of changes in the Provider Manual)

CCRS Provider Manual

CCRS Policy for Intersite total and Partial Transfers (# ENR P014; effective date May, 2007)

Tucson CCRS Contract (Task 41-B)

CRSA Member Manual

CCRS List of Specialty Services

CCRS Specialty Clinics' Schedule

CCRS Outreach Clinic Schedule

Comments:

CCRS does not have a separate policy for providing second opinion, however, the prior authorization policy has a section that briefly covers "out of state referral" and second opinion free of charge in or out-of-network.

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Network Sufficiency

Recommendations:

CCRS must have a written policy/procedure for provision of second opinion from qualified health care professional within the network, or arrange for the member to obtain one outside the network at no cost to members.

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Network Sufficiency

Standard

NS 3

REGIONAL CONTRACTOR arranges for an out-of-network provider to provide a necessary service when it is unable to provide the service in an adequate and timely fashion through a network provider.

Citations: ADHS/Regional Contractor Contract # HP 631008, Tasks 41; RCPM Chapter 80

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does arrange for an out-of-network provider to provide a necessary service that it is unable to provide in an adequate and timely fashion.

REGIONAL CONTRACTOR does ensure that out-of network providers coordinate payment with REGIONAL CONTRACTOR; ensuring costs to member are no greater than if services were furnished within the network.

Documents Reviewed:

Policy for Intersite Total and Partial Transfers

Policy for Prior Authorization

CRSA Members' handbook

Tucson CCRS Contract (Task 41-B)

Example of Letter of Agreement with Out-of-State Hospital and Physician Services

CCRS Policy and Procedure Manual Excerpts section 40.700: Services Provided Outside the State of Arizona (revised 10/13/2006)

Comments:

There is substantial evidence that CCRS provides out of network, as well as out of state care to its members; however, Tucson CCRS does not have a separate written policy for providing second opinion and/or out of state/network services.

Recommendations:

CCRS must create a separate written policy/procedure for out of state/network services. Policy should discuss the availability for second opinion at no charge to member (in or out of network); as well as describe how out of network providers coordinate payment with CCRS.

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Network Sufficiency

Standard

NS 4

REGIONAL CONTRACTOR ensures that urgent pharmacy services are available to members during non CRS clinic hours.

Citations: 42 CFR 438.12; ADHS/Regional Contractor Contract # HP 631008, Task 27

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide pharmacy services available after hours, weekends and holidays.

Documents Reviewed:

CCRS Policy # 005: Pharmacy (dated 4/24/2007)

Agreement with Wal-Mart Stores, Inc., WMS Division, to Provide Services (completed 11/07/2006)

Geographic Location of Providers

List of Wal-Mart Pharmacies in Southern Arizona (includes hours of operation)

Tucson CCRS web site member information

Comments:

CCRS is commended for completing their impressive pharmacy transition, and for adding the services of a compounding pharmacy to this initiative. CRSA looks forward to the completion and findings of the pharmacy transition consumer satisfaction survey.

CCRS should consider adding holiday hours to their pharmacy hours of operation document and adding pharmacy information to the CCRS web site.

Recommendations: None

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Network Sufficiency

Standard

NS 5

REGIONAL CONTRACTOR maintains a non-discriminatory process for selection and retention of its providers.

Citations: 42 CFR 438.12; 438.214; 42 CFR 438.12(a) (1); ADHS/Regional Contractor Contract # HP 631008; RCPDM Chapter 80

Rating: FULL COMPLIANCE

Finding:

REGIONAL CONTRACTOR does effectively use written policies and procedures and all other available information to ensure the effective selection and retention of providers that includes:

- Nondiscrimination of providers that serve high-risk populations or specialize in conditions that require costly treatment,
- Exclusion of providers prohibited from participation in federal health care programs,
- Compliance with state requirements for credentialing and recredentialing.

Documents Reviewed:

Policy for Credentialing and Privileging of Licensed Independent Practitioners

CCRS Physician Handbook: Clinic Assignment Process

CCRS General Clinic Operations – Professional Staff Related (Application, Credentialing, Reappointment, & Contract Procedures)

CCRS Amended and Restated Fair Hearing Manual (1/2006)

CCRS Peer Review Evaluation Form

CCRS Amended and Restated Bylaws of the Professional Staff (1/2007)

- Nondiscrimination Clause
- Medical Staff Selection

CCRS Amended and Restated Credentialing Procedures Manual (1/2006)

CCRS Policy and Procedure Manual Excerpts (revised 10/13/2006)

Comments: None

Recommendations: None

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Network Sufficiency

Standard

NS 6

REGIONAL CONTRACTOR does not discriminate against providers in terms of participation, reimbursement, or indemnification based solely on licensure or certification and provides reason for declining to contract with a provider.

Citations: 42 CFR 438.12; ADHS/Regional Contractor Contract # HP 631008; RCPM Chapter 80.

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have policies and procedures prohibiting discrimination against providers in terms of participation, reimbursement, or indemnification based solely on licensure or certification.

REGIONAL CONTRACTOR does give providers written notice of its reason when declining to contract with individual providers or groups of providers.

Documents Reviewed:

CCRS Amended and Restated Bylaws of the Professional Staff (1/2007)

- Nondiscrimination Clause
- Medical Staff Selection

Example of communication with provider about potential assignment to clinic staff (reasons for declining to contract)

Comments: None

Recommendations: None

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Quality Management

CRSA REVIEW TEAM:

**Dr. Mike Clement, CRSA Medical Director
Stephen Burroughs, Division Chief for Quality Management
Allen Anna, Quality Management Specialist
Thara MacLaren, Research Analyst Manager
Cheryl Figgs, QM Coordinator (nurse)
Marie Badr, QM Coordinator (nurse)
Heather Dunn, PIP Coordinator**

CONTRACTOR STAFF:

**Jill Bemis, CEO
Edie Jordan, COO
Dr. Conrad Clemens, Medical Director
Dr. Sydney Rice, Medical Director
Dr. Mary Jo Ghory, Physician Consultant
Bat-Sheva Stein, Nursing Manager
Jan Erskine, Patient Family Manager
Joni O'Brien, Compliance/Quality Assurance Director**

DATE OF REVIEW:

May 8, 2007 and May 9, 2007

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Quality Management

Standard:

QM 1

REGIONAL CONTRACTOR is staffed with sufficient appropriately qualified personnel (i.e. social workers, audiologist, speech-language pathologists, orthotists, prosthetists, pharmacists, physical therapists, occupational therapists, and other ancillary personnel) to carry out the functions and responsibilities of the CRS program.

Citations: ADHS/ /Regional Contractor Contract #HP361008, Task 20; RCPM Chapter 10.206; AMPM Chapter 900 Policy 910.C.5

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is Joint Commission accredited during the review period.¹

- The Joint Commission certification lasts 3 years. Verify JCAHO certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR does the sufficient staff of appropriately qualified personnel to carry out the functions and responsibilities specified in a timely and competent manner.

REGIONAL CONTRACTOR does have evidence to support the hiring of qualified and experienced professionals.

REGIONAL CONTRACTOR does document in the member's file supervision of licensed professionals when supervision is required by the license.

REGIONAL CONTRACTOR does have an organizational chart.

Documents Reviewed:

Joint Commission certificate

Comments:

CCRS is accredited by The Joint Commission from 2004 to 2007.

¹ If the regional CRS is accredited by The Joint Commission the standard is met and no additional findings necessitate review.

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Quality Management

Recommendations: None

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Quality Management

Standard:

QM 2

REGIONAL CONTRACTOR'S Peer Review process is clearly defined.

Citations: AMPM Chapter 900, Policy 910.C.4

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does make providers aware of the peer review process.

REGIONAL CONTRACTOR does make providers aware of the peer review grievance/appeal procedure.

REGIONAL CONTRACTOR'S medical director or his/her designee does/does not participate in the CRSA peer review committee.
(Not scored)

REGIONAL CONTRACTOR does/does not implement recommendations made by CRSA's Peer Review Committee. (Not scored)

Documents Reviewed:

Tucson Children's Clinic for Rehabilitative Services (CCRS) Orientation Provider Manual

Comments:

Tucson CCRS has adopted CRSA's Peer Review process. No peer review was conducted during the review period.

Recommendations: None

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Quality Management

Standard:

QM 3

REGIONAL CONTRACTOR maintains a health information system that reports and submits data as required by CRSA.

Citations: RCPM Chapter 50.208; AMPM Chapter 900, Policy 910.C.7, 940.2.a.2; 42 CFR 438.242

Rating: FULL-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does verify the accuracy and timeliness of reported data.

REGIONAL CONTRACTOR does screen the data for completeness, logic and consistency.

REGIONAL CONTRACTOR does collect service information in standardized formats to the extent feasible and appropriate.

REGIONAL CONTRACTOR'S Health Information System does include required demographic information (member's name, address, telephone number, AHCCCS identification number, CRSA identification number, gender, age, date of birth, marital status, next of kin, and if applicable, guardian or authorized representative).

REGIONAL CONTRACTOR'S Health Information System does include provider characteristics (provider identification number).

REGIONAL CONTRACTOR'S Health Information System does include services provided to recipients.

REGIONAL CONTRACTOR'S Health Information System does include other information necessary to guide the selection of, and meet the data requirements for PIPs and QM/PI oversight.

REGIONAL CONTRACTOR does ensure confidentiality of protected health information.

Documents Reviewed:

Tucson CCRS's monthly Claim Accuracy/Data Integrity Reports

FY 07 Key Indicators - Data Management

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Comments:

Tucson CCRS submits a monthly Claims Accuracy/Data Integrity Report. For the review period, Tucson CCRS had a 99.91% accuracy rate.

The total percentage of Encounters accepted by CRSA during the review period was 96.83%.

Recommendations: None

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Quality Management

Standard:

QM 4

REGIONAL CONTRACTOR oversees and maintains accountability for all functions or responsibilities delegated to other entities.
Citations: RCPM Chapter 80.300; AMPM Chapter 910.A.1.h, 910.C.6, and 950.3; 42 CFR 438.230

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not have a written agreement that specifies activities and report responsibilities designated to the subcontractor.

REGIONAL CONTRACTOR does ensure that a written agreement that provides for revoking delegation or imposing other remedies/sanctions if the subcontractor's performance is inadequate.

REGIONAL CONTRACTOR does not monitor the delegated entity on an ongoing basis and reviews them formally at least annually.

REGIONAL CONTRACTOR does not ensure that the subcontractor implements corrective action if any deficiencies are identified.

REGIONAL CONTRACTOR does not have evaluation reports and CAP documentation, as necessary, to ensure quality for all delegated activities.

Documents Reviewed:

Contracts with the following: Pilot Parents of Southern Arizona, Medscribe Transcription Services, LLC, Apothecary Shop of Tucson, Inc., Wal-Mart Stores, Inc., Cyacom International Service, Catholic Community Services of Southern Arizona, INC. dba Community Outreach Program for the Deaf, Labcorp.

Laboratory Corporation of America's Clinical Laboratory Improvement Amendments certificate of Accreditation. Expires 02/08/2009.
CLIA ID Number 03D0528350

Comments:

Although CCRS may be utilizing the Quality of Care Database, no evidence was provided indicating that they formally review the delegated services.

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Quality Management

CCRS was not able to produce a direct laboratory service contract with Laboratory Corporation of America.

CRSA understands that CCRS is in the process of utilizing its grievance and quality tracking systems to monitor Wal-Mart's pharmaceutical services.

Recommendations:

CCRS must establish a policy/process for monitoring its delegated entities on an ongoing basis and review them formally at least annually.

CCRS must have a contract for all functions or responsibilities delegated to other entities.

CCRS must ensure that the subcontractor implements corrective action if any deficiencies are identified.

CCRS must have evaluation reports and CAP documentation, as necessary, to ensure quality for all delegated activities.

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Quality Management

Standard:

QM 5

REGIONAL CONTRACTOR has a process for reviewing and evaluating quality of care complaints and allegations.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 32; RCPPM Chapter 60.200 and 80.302; AMPM Chapter 900, Policy 910 and 960. 5; 42 CFR 438.240

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not ensure quality of care complaints received anywhere in the organization are referred to Quality Management for investigation and resolution.

REGIONAL CONTRACTOR does not have a system in place for monitoring and oversight of the quality of care process.

Documents Reviewed:

CCRS Ethics, Rights and Responsibilities Grievance Policy
Care Coordination/Case Management Policy

Comments:

During the interview with staff, it was determined and confirmed that external QOC issues were not currently being monitored.

Recommendations:

CCRS must include a requirement in its quality of care policy that staff enters all QOCs and Non-QOCs in the QOC database.

CCRS must include definitions of "non-QOC concerns," "QOC concerns," "substantiated," "unsubstantiated," "unable to substantiate," "corrective action plan," and "severity levels 0-4" in its quality of care policy.

CCRS must have a process for monitoring quality of care that includes reporting quality of care concerns from anywhere in the CCRS managed care system (e.g. providers, delegated services, acute hospitalizations, UM/case management review).

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Quality Management

CCRS should consider the creation of two policies: one for grievances (i.e. complaints/appeals/claims disputes/or non-quality of care concerns) and one for quality of care concerns.

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Quality Management

Standard:

QM 6

REGIONAL CONTRACTOR resolves quality of care/service issues communicated by enrolled member and contracted providers.
Citations: ADHS/Regional Contractor Contract #HP361008, Task 32; AMPM Chapter 910, 920, and 960; 42 CFR 438.214

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR has been found to be 98.4% percent compliant with AMPM requirements after review of 20 quality-of-care files.

REGIONAL CONTRACTOR has developed an action plan to reduce/eliminate the likelihood of a complaint/abuse reoccurring.

REGIONAL CONTRACTOR does communicate the resolution of the concern to the member/member's guardian.

REGIONAL CONTRACTOR has determined and implemented appropriate interventions.

REGIONAL CONTRACTOR does monitor the success of interventions developed as a result of recipient complaint/abuse issues.

REGIONAL CONTRACTOR does incorporate successful interventions into the QM program or assign new interventions/approaches when necessary.

Documents Reviewed:

19 closed QOCs and 1 closed Non-QOC

Comments: None

Recommendations: None

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Quality Management

Standard:

QM 7

REGIONAL CONTRACTOR has a process in place for improving CRSA defined performance measures and continually improves its performance measure outcomes.

Citations: ADHS//Regional Contractor Contract #HP361008, Task 32; 42 CFR 438.240 (b)(2) and (c)

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not submit accurate performance measurement data to enable them to measure REGIONAL CONTRACTOR's performance (below 85% accuracy results in non-compliance).²
CCRS had a 78.7% accuracy of performance measure data.

REGIONAL CONTRACTOR does not meet the minimum performance levels.

REGIONAL CONTRACTOR does submit timely performance measurement data to enable CRSA to measure REGIONAL CONTRACTOR's performance (below 90% in timeliness results in non-compliance).

REGIONAL CONTRACTOR does not develop and implement corrective actions to improve performance.

Documents Reviewed:

Performance Improvement Charts/Results July 1, 2006 to March 31, 2007.

30 Medical Records reviewed

² If regional contractor does not meet the accuracy standard then the regional contractor automatically does not meet the next standard on minimum performance levels.

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Comments:

Performance Standards July 1, 2006 to March 31, 2007

10 Day Performance Measure (Preliminary Eligibility):	33.5%
10 Day Performance Measure (Preliminary Ineligibility):	50.0%
10 Day Performance Measure (Incomplete Referral Form):	82.0%
30 Day Performance Measure (Timeliness of Initial Evaluation):	70.7%
45 Day Performance Measure (First Appointment with CRS Specialty Provider):	59.1%

Tucson CCRS Corrective Action Plan (CAP) had a proposed completion date of January 15, 2007 for new eligibility letters to be sent. Four of 10 files reviewed (40%) after January 15, 2007 had the new eligibility letters.

Recommendations:

CCRS must maintain a performance score of 75% or higher on all performance measures.

CCRS must ensure the accuracy of the performance measure data submitted.

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Quality Management

Standard:

QM 8

REGIONAL CONTRACTOR participates and supports all CRSA Performance Improvement Projects that focus on clinical and non-clinical areas.

Citations: ADHS/ Regional Contractor Contract, Task 32; RCPPI Chapter 60.200 and 80.300; 42 CFR 438.240(b)(1) and (d)

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does implement system interventions to achieve improvement in quality.

REGIONAL CONTRACTOR does initiate activities for increasing or sustaining improvement.

REGIONAL CONTRACTOR does participate in PIP activities.

REGIONAL CONTRACTOR does have assigned PIP Coordinator/Lead.

REGIONAL CONTRACTOR does provide timely and accurate performance improvement data/records as requested per CRSA.

Documents Reviewed:

Transition Process: Written Discharge Instructions for Transition (JCS PC.15.20), Provision of Care, Treatment and Services: No Show to Appointment, Non-Utilization PIP Meeting Minutes

Comments:

CCRS has complied with all items and has implemented processes to meet performance goals for the main indicators on both active Performance Improvement Projects. CCRS staff have responded promptly to all requests and actively participated in meetings and trainings.

Recommendations: None

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Quality Management

Standard:

QM 9

REGIONAL CONTRACTOR'S medical board reviews all credentialing/re-credentialing and provisional credentialing policies.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 32; AMPM Chapter 900.950; 42 CFR 438.214

Findings: FULL COMPLIANCE

REGIONAL CONTRACTOR is JCAHO accredited during the review period.³

- JCAHO certification lasts 3 years. Verify JCAHO certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR does have a credentialing process that is defined to meet the CRSA and AHCCCS requirements.

REGIONAL CONTRACTOR does have a process for granting, renewing, or revising setting-specific clinical privileges.

REGIONAL CONTRACTOR does identify the Medical Director or designated physician as being responsible for oversight of the credentialing and re-credentialing and provisional decisions.

REGIONAL CONTRACTOR does identify the role of the credentialing committee.

Documents Reviewed:

The Joint Commission certificate

Comments:

CCRS is accredited by The Joint Commission from 2004 to 2007.

Recommendations: None

³ If the regional CRS is accredited by The Joint Commission the standard is met and no additional findings necessitate review.

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Quality Management

Standard:

QM 10

REGIONAL CONTRACTOR must ensure implementation of credentialing, re-credentialing and provisional credentialing of the providers in its subcontractors' provider network.

Citations: ADHSA/Regional Contractor Contract #HP361008, Task 32; AMPM Chapter 900. 950; 42 CFR 438.214

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is Joint Commission accredited during the review period.⁴

- The Joint Commission certification lasts 3 years. Verify Joint Commission certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR has been found to be compliant with the AMPM credentialing/re-credentialing requirements.

REGIONAL CONTRACTOR does appropriately credential its providers with which it contracts.

REGIONAL CONTRACTOR does meet all of the re-credentialing requirements.

REGIONAL CONTRACTOR does have an appeals process and a mechanism to inform the provider of the appeals process.

Documents Reviewed:

The Joint Commission certificate

Comments:

CCRS is accredited by The Joint Commission from 2004 to 2007

Recommendations: None

⁴ If the regional CRS is accredited by The Joint Commission the standard is met and no additional findings necessitate review.

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Quality Management

Standard:

QM 11

REGIONAL CONTRACTOR meets delivery dates for medical eligibility denials and care coordination upon first visit.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 6, Task 11; RCPPM Chapter 20.401, 20.403, 80.407

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not send a consultation report to the referring physician and health plan/program contractor within 30 days of the first clinic visit.

REGIONAL CONTRACTOR does not have a determination process for members participating in the CRS programs including a process for the 10 working day approval notice to the referring physician and health/plan program contractor.

REGIONAL CONTRACTOR does not have a determination process for members participating in the CRS programs including a process for the 5 day denial notification to the health plan/program contractors and providers.

Documents Reviewed:

30 Medical Records reviewed

Comments:

0 medical records out of 22 met the 10 working day approval notification

6 medical records out of 8 met the 5 working day denial notification

CCRS provided CRSA staff with an enrollment letter modified from the version presented in its Corrective Action Plan. The cc to the AHCCCS Provider and primary care physician should be modified to read AHCCCS Provider/Health Plan and referring physician. This letter must be sent to all CRS eligible applicants.

Recommendations:

CCRS must ensure that the consultation report is sent to both the referring physician and health plan/program contractor within 30 days of the first clinic visit and is documented in the medical record.

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Quality Management

CCRS must ensure that the approval notices to both the referring physician and health/plan program contractor are sent within 10 working days and are documented in the medical record.

CCRS must ensure eligibility denial notifications are sent to both the referring physician and health plan/program contractor within 5 working days of denial determination and are documented in the medical record.

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Quality Management

Standard:

QM 12

REGIONAL CONTRACTOR has implemented a process to ensure that medical records are accurate, current, and confidential.
Citations: RCPM Chapter 70.101; AMPM Chapter 940

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is Joint Commission accredited during the review period.⁵

- The Joint Commission certification lasts 3 years. Verify Joint Commission certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR does have a process to ensure the organization and its providers have information required for:

- Effective and continuous patient care through accurate medical record documentation of each member's health status, changes in health status, health care needs, and health care services provided,
- Quality review, and
- The conduct of an ongoing program to monitor compliance with those policies and procedures.

REGIONAL CONTRACTOR has implemented a process to ensure a complete, accurate, and timely medical record.

REGIONAL CONTRACTOR does have a process to ensure confidentiality of protected health information.

REGIONAL CONTRACTOR has implemented the process to ensure confidentiality of protected health information.

Documents Reviewed:

The Joint Commission certificate

Comments:

CCRS is accredited by The Joint Commission from 2004 to 2007.

⁵ If the regional CRS is accredited by The Joint Commission the standard is met and no additional findings necessitate review.

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Quality Management

Recommendations: None